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ORIGINAL ARTICLES.

THE CLINICAL ASPECT OF MODERN PRACTICE.*

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THE clinical aspect of modern practice, as it presents itself to us at this time, was never so important and encouraging. The demonstration at the bedside of the patient, of the theoretical knowledge obtained from books, is being more and more appreciated, and the time is not far off when the didactic teaching will consist of recitations entirely, while the practical part must be sought in hospitals and dispensaries.

The first subject which attracts our attention, from a clinical standpoint, is the basis upon which we shall build an opinion as to the actual condition of a patient, upon which will depend the diagnosis, the prognosis, and what is of equal importance, the selection of the means to be employed in the treatment.

The patient's own statements, together with what we can gather from his friends, and such objective examination as we are able to make from time to time in the course of our observations, will constitute the history of the case, that all-important foundation upon which our calculations must stand, the value of which cannot be overestimated.

There is an art in "taking the case," to which we should not be indifferent, for many reasons.

He who would become expert in this art must become proficient in the practice of cross-examination, and learn how to avoid the asking of leading questions.

It is necessary for the physician, in order to form an exact opinion, to know more of the patient than his own objective examination will reveal; consequently it is best, at least for the inexperienced, to obtain as much of the previous history of the case as possible, as in this way he will be able to view the subject in a larger sense.

Of course it is best that the result of our examinations shall be duly and methodically recorded, during the whole course of the disease. Our scrutiny must be exercised, especially in respect to the names which the patient may give to previous illnesses, as mistakes often occur from the use of misunderstood terms, and the physician is misled in his diagnosis.

We should guard against deception of every kind and nature, not only as to the simulation of disease, but also as to the concealment of appearances.

We should also avoid deceiving ourselves as to the case, by clinging to preconceived notions, theories and well worn ruts.

Our consideration must include, first, *the possible exciting cause.* We must inquire as to exposure to infection, but even here we must be on our guard.

We must bear in mind the variations as to time, and to personal contact, and the period of incubation, in the numerous diseases which may be conveyed in this way.

Then we must follow the course of the disease, from its first appearance to the time of our examination.

With chronic affections it is sometimes difficult to ascertain definitely the beginning, because of the insidious character, and unless we are very observant and particular in our examination, we shall fail to obtain a picture of the disease from the onset.

The physician, to be a good diagnostician in its broader sense—and that should include the basis for the selection of the means to be employed—*must* be a good *listener*, and have sufficient time at his command to at least appear to be in no hurry.

There are two distinct classes of individuals with which we come in contact. One is garrulous in the extreme, says much more than is necessary, and floods us with a volume of non-essentials liable to be most annoying.

The other class is reticent to the other extreme.

If we would accomplish a diagnosis in these cases, we must maintain an equable bearing, and not become impatient or disgusted.

Having made a careful examination into every detail of the case, with such instrumental means as we can command, according to such scheme as we choose to adopt, and having reduced the same to systematic record, we are then ready to analyze the same for diagnostic purposes. The diagnosis settled, we now come to the equally important matter of selecting the means of treatment.

I think you will agree with me that there is more than one way of doing almost any thing, and it is as to which is the *better way* that every conscientious observer is working.

I have known some of our ablest diagnosticians to utterly discard the results of their examinations, for the purpose of differentiating the means of treatment. If we are to prescribe for the name of the disease, why not prescribe the same means for all cases of a particular class? What is the use of "taking the case" beyond the point at which we can determine the lesion?

* An abstract of a clinical lecture delivered at the Metropolitan Hospital, November 24, 1894.

There is no doubt in my mind that if we would become good pathologists we must make thorough examination of our cases, both as to the objective *and* subjective symptoms, and on the other hand, if we are to become expert therapeutists and to succeed in curing our patients, we must learn how to utilize these symptoms in the selection of the means we are to use. As pathology includes the subjective as well as the objective phenomena of disease, therefore, should we discard any part thereof, we cannot claim to be pathologists.

The same should be true of therapeutics; we cannot overlook any part of the pathology and consider ourselves true therapeutists.

Pathology and therapeutics—and in therapeutics I include all means to be employed in treatment—must ever go hand in hand when the question of treatment is at stake.

It is no more proper to prescribe drugs upon the subjective symptoms alone, than it is to take into account, in this procedure, only the morbid anatomy.

As therapeutists, we must remain so unprejudiced that we can investigate scientifically any means of treatment which the experience of others may present to our attention.

We should not overlook the fact that disease tends to get well of itself; that it is self-limiting, and, if left to itself, will run a certain natural course; then we shall not give undue credit to the means employed in treatment.

The selection of the means to be employed must, of course, depend upon what we expect to accomplish. If our case requires mechanical means, we should not attempt to substitute chemical, medicinal, or any other means, and *vice versa*.

The practice of medicine must embrace in its every department and bearing a strict individualization of each case.

The true physician will not approach his duty to the sick as a partisan in any sense. He will ever hold himself ready to do what is best for the patient, regardless of theory or anything else which will prevent his doing his utmost to relieve suffering.

In our attempt to mitigate distress, let us not, however, in the effort to dispel pain, lose sight of the bearing which such treatment may have upon the future well-being of our case.

The dual action of drugs must be kept constantly in mind in prescribing these agents.

The primary action of ricinus communis (castor oil) in sufficient doses, is cathartic; the reaction is severe constipation. A similar result may be obtained from the croton tiglium. The officers of the house staff of this hospital know well the effect of drop doses of this drug in the most aggravated cases of constipation as they are found here. They also have had experience with the fraction of a drop in the treatment of diarrhœa, characterized by colic, burning sensation and straining, with a forcible evacuation of a watery stool at a *single* expulsion. We shall hope at another opportunity to carry this study further, as its importance demands, for the recognition of this principle will make us therapeutists in the broadest sense, and will enable us to do all that can be done with drugs for suffering humanity.

There is naturally a desire on the part of every medical man to relieve suffering as speedily as possible, but we may do this, unless we are careful, to the detriment of the patient. We cannot be too cautious in the use of narcotics, cathartics, alcoholics, etc., especially when the use of any one of them has to be prolonged sufficiently to risk the formation of a habit.

It should be our most careful aim to ascertain when palliation should be practised, and when other means which may be curative are to be preferred.

Some physicians seem to think that the chief, or perhaps only duty, is to prescribe drugs, and should they fail to do this, patients would consider them direlict. Now, this is not so by any means.

Many patients would much prefer to be told that they require no drugs, if this is the fact, that the case is surgical, hygenic, etc., according to circumstances.

I want to impress upon my hearers the importance of not prescribing drugs always or upon general principles, but only when required, and then according to the strictest individualization in each case.

Therapeutists are inclined to become enthusiasts over supposed drug effects and methods of practice, without sufficient reason, hence we often observe epidemics of remedies as well as of diseases.

My purpose is not to warn you against the trial of any means which offers any inducements for your confidence, but rather to caution you against over-confidence, and to urge upon your attention the necessity of careful scrutiny and investigation before deciding upon the merits of new candidates for therapeutic favor.

The practice of medicine has made great strides in many respects in the last decade. Medical men are learning to classify their cases for treatment as well as for diagnosis, with greater precision.

The value of chemical means, of nutritive means, of climatic influences, etc., is being realized, so that the practitioner of to-day, to be a therapeutist, must be more than a mere prescriber of drugs.

The pharmaceutist has kept abreast the times and has given us new and practical preparations of drugs, especially in the shape of the elegant tablet triturate, which is meeting such universal favor.

One of the latest methods of practice to which our attention is called is the anti-toxine treatment of diphtheria.

The results thus far are encouraging, and worthy our consideration, but not our over-sanguine expectations.

The method is not a new discovery, but rather a development from long continued scientific research and experiment. It was a well-known fact that the deadly poison of diphtheria was secreted by the microbe in the throat, and it was with the purpose of finding a counter poison that

M. Roux labored in the Pasteur Institute in Paris. A culture is made in the usual manner, and the method is founded on the principle that animals immunized against the effects of diphtheria have a blood *antitoxique*; in other words, their blood contains a substance which neutralizes the effects of the diphtheritic poison, and it works with great force and efficacy, we are told.

One cubic centimetre of the serum of the blood of a horse, immunised, can neutralize and absolutely destroy the effects of an immense quantity of the diphtheritic poison and render it harmless, always given hypodermically.

It is this serum of the horse that is chiefly employed, and it takes about three months to accustom him to the poison, so that his serum is suitable to use on human beings. The first result is looked for in twenty-four hours. The fever diminishes at once. The second injection is given in forty-eight hours, and the point of application, according to the French method, should be at the stomach, In this country any convenient point is accepted.

This serum can now be obtained through the channels of trade, and it seems to me that we are not only justified in using it, but rather that we should be condemned if we did not employ it, particularly if the case proved fatal. It should be borne in mind that the serum is not injurious to the healthy human being, and does not interfere with any other treatment.

One of the first things to be thought of in the treatment of any case is, whether the patient is being properly nourished. It is just as necessary that the patient should not be over-fed, as underfed, and it is our duty to ascertain which is the fact in every case.

It is as much the duty of the physician to give directions as to the kind of food and its mode of preparation, as it is to prescribe drugs, and often times it is far more useful. We should always bear in mind the physiological fact that the human body is two-thirds water, and that there is no substitute for it. I think in our zeal to prescribe drugs, that we often overlook such apparently small matters as the nutrition, with its proper supply of water.

As physicians, we must be familiar with the demands of the body, in order to maintain its integrity. That the muscular tissue must have its nitrogenous pabulum, the adipose its carbonaceous, and that assimilation is dependent upon a proper association of these two great classes of foods. If we stop to consider it at all, we must realize the importance of knowing what food is required in each morbid condition we are called upon to treat. In large hospitals we are necessarily obliged to arrange our dietary more or less in classes, and in this way become, to some extent, routinists, but with the Training School for Nurses, with its diet kitchen, we are able to do much more in the line of special diet than we could otherwise accomplish.

We ought to know the food value of every article of diet we use, just how and where it is digested, as well as its use in the economy, and the relation it bears to diseased conditions.

In a medical college course we hear little of food in its relation to disease, other than a few words respecting the diet of diabetes, and there is to-day a vast amount just as important respecting the diet in a great number of affections.

Every respectable medical college ought at least to give a short course on food in health and in disease; the preparation of food in relation to its digestion; of prepared foods and their uses; of the predigestion of foods and the relation of these foods to various morbid conditions. The time is rapidly approaching when our schools will be compelled to consider this important subject.

I consider it my duty to investigate the subject of nutrition in the case of every patient that comes to me, and I meet with many curious experiences. To-day an active business man seeks advice, with a history of renal calculi. In going over his case, we find that living out of the city, he rapidly bolts his breakfast in order to make his train, and as his duties are arduous, he takes in all the food he can, regardless of conditions and consequences.

When it is luncheon time he has no appetite, because his digestive powers are exhausted from overwork with the breakfast, and he takes little, and generally nothing at this time.

At six o'clock he is ready for a "big dinner;" usually takes it, topping off with puddings, pastries, etc., in the usual way, is early to bed, has a restless sleep, and gets up the next day to go through the same order again.

I need not tell you that it would be useless to prescribe for this man regardless of such habits. My prescription was, to take time for a respectable breakfast, masticating well, walk slowly to his train, and when luncheon time came, to have two raw eggs beaten with a glass of milk and vichy, drinking it slowly, and I assured him that he would feel none of that lassitude he had usually experienced from mid-day eating. He was also advised to discontinue his desserts and take only fruit, crackers and cheese.

A tonic in the form of strychnia was prescribed to restore his weakened nerves and to relieve his morning vertigo. I have no doubt as to the result of the advice upon his general condition, and if his calculi continue to trouble him, I shall adopt other means to relieve him.

We have had a large number of typhoid fever cases in this hospital of late, and some interesting studies have been made from their histories.

It is remarkable how many of them have terminated by lysis, and how few with crisis. Our mortality, thanks to the watchfulness and skill of our house staff and faithful nurses, has been as low as we could expect. It is not without interest to study these temperature charts, and observe how few of them present the typical curve.

The diet in our cases has been chiefly diluted condensed milk, which has given satisfaction.

Rapout has suggested a method by which we may accurately regulate the feeding in typhoid cases. A specimen of urine is placed in a glass and allowed to cool.

If the specimen be clear, food will increase the

temperature; if a cloud forms near the top, feed with care, but if dense, and near the bottom, it is safe to feed more generously. The method should be thoroughly tested.

Dr. S. Baruch, of this city, has recently pointed out a new diagnostic sign in typhoid, which should be tested.

He says: "So soon as the patient shows a rectal temperature above 102.5° in the morning and 103° in the evening for three successive days, especially if accompanied by headache, dullness or apathy, he is placed in a full bath at 90°, which is reduced to 80° with *constant friction* over the body." This may be repeated every three hours, until temperature of the bath is 75°. If the temperature is not reduced two degrees in half an hour, the diagnosis is almost certain, and the bath treatment continued. The diagnosis can thus be definitely made out in the early days of its course."

The irrigation treatment of typhoid is certainly indicated in some cases.

The soft rubber tube should be passed above the sigmoid flexure, and attached to a fountain syringe, which is allowed to flow during the process of introduction, then it will readily pass in some cases to near the cæcum.

Warm water should be used, which has been made aseptic by boiling, and at least two quarts should be employed in this way, with or without the addition of hydrogen dioxide. Those who report the best results use this treatment early in the disease, and repeat injections once in about three days, as indicated. Precaution should be exercised during the stage of necrosis.

This means certainly makes some patients feel much better, by relieving headache, vertigo, and meteorism, and the disease runs a milder course. Judiciously selected medicines, according to conditions and circumstances, will mitigate the suffering in these cases, and, *I have no doubt*, aid in the recovery.

It is known to some of you at least, that the data upon which alcoholics* are prescribed, is in the greatest confusion, so that it is scarcely possible for the inexperienced to advise these agents with any degree of expectancy or confidence. It will be our aim to point out, in as few words as possible, not only when and where alcohol may be employed, but also the restrictions which should be placed upon it in order to obtain the true service to the sick.

We cannot conceive how the modern therapeutist, who is guided by the results of experience and who appreciates the clinical aspect of practice, can renounce alcohol on the ground of a lack of scientific data for its employment. No remedial agent has been more thoroughly tested; its characteristics are most distinctly marked, and its *modus operandi* is sufficiently defined for all practical purposes.

We must bear in mind, however, that it can be so employed only by observing the same principle of *strict individualization* which should govern us in the selection of any other means—hygienic, dietetic or medicinal. Nor is the application of that principle, in the case of alcoholic preparations, so difficult as might appear from the careless and indiscriminate manner in which this class of agents is commonly administered. No doubt most of the hospital patients, by whom such enormous quantities of wines and liquors are regularly consumed, would do much better without their dangerous and ill understood assistance. But is it not possible to lay down rules and suggest precautions by which they might be made to serve as valuable medicines, with no more peril to the patient than results from the employment of many other toxic agents, under the guidance of therapeutic precision?

We fail to find in our literature on this subject those clear indications which would enable intelligent discrimination in its use, although it is shown beyond reasonable doubt that in small doses it is a stimulant, and in large ones a narcotic. In our experience, the question of dose has proved an important factor in its selection in disease.

Action and reaction are important elements in our consideration of the dose, and repetition should not be practiced until the full effect of the previous one has exhausted itself.

The dose should never be large enough to aggravate the disease, and under no circumstances should it be sufficient to cause the unpleasant symptoms which are sure to follow under certain circumstances.

There is a great difference in individuals as to their susceptibility to the effects of alcoholic preparations, and the susceptibility of the same individual will vary at different times.

For instance, we have found the most sensitive organism, which, under ordinary circumstances, could not bear the smallest amount of alcoholic stimulant, to be able, during the course of an attack of diphtheria, to bear an enormous quantity with impunity, with results most satisfactory; and this effect is not confined to a single disease!

It is in these exhausting affections that we are able to observe the wonderful sustaining powers of alcohol, and it should be exhibited by the conscientious physician without prejudice, and in a manner to obtain the desired end.

The two varieties of *wine* which most resemble alcohol in their action, and which have been accepted as officinal, are the most difficult to obtain in a pure state—viz., *port* and *sherry*.

The experiments of Anstie show conclusively that alcohol, when taken in quantities *short of intoxication*, is mostly consumed in the organism, and not thrown off by the emunctories.

In this quantity it notably diminishes the exhalation of *carbonic acid* and the discharge of the excrementitious principles, particularly urea.

The extent of its action in modifying the functions of the *nervous centres* is in direct proportion to the amount administered. The question of dose in this connection is of the first importance, if permanently beneficial effects are expected from its use.

The remarkable influence which alcohol exerts

* For a more exhaustive consideration of this subject see the author's essay published in the NEW YORK MEDICAL TIMES for August and September, 1882.

over *tissue metamorphosis*, by lessening the wear and tear of the system, is shown in the diminished excretion of urea and the tendency to fatty accumulation which are consequences of its use.

Its effects upon the *heart* may best be estimated by comparing them with those of *digitalis* and other well-known cardiac tonics.

In order to obtain the most advantageous results from these, experience has taught us to lessen the doses prescribed by traditional medicine, thereby avoiding the secondary or depressing effects of over-stimulation, and also obviating the primary vaso-motor paralysis.

Resistance to putrefaction is often manifested, though occasionally the opposite condition obtains. Carpenter thinks that its power over suppuration is due partly to its power of restraining the movements of the white corpuscles of the blood, partly by hardening the walls of the vessels and preventing their escape, and partly by its general power of lessening tissue change and cell-genesis.

The primary and secondary effects of alcohol are so well marked as to furnish an excellent illustration of the reactionary power of drugs in general, besides exemplifying what widely differing results are obtainable from large and from small doses of the same agent.

The best authorities claim wine is indicated in adynamic fevers with great prostration, dry, brown tongue and dry skin, tremulousness of the hands, wandering delirium, of a low, muttering character when the patient is left quiet, weakness, irregularity, dicrotism or softness of the pulse, and particularly feebleness or absence of the first sound of the heart. A sharp, weak, unequal heart beat is a warning that some of these symptoms may soon appear.

In this condition of impending exhaustion, with low temperature and inability to generate heat, stimulants become our sheet-anchor, but they should be administered in moderation—even a single drop at a dose of the alcohol or its equivalent being in some cases sufficient.

On the other hand, their use is said to be absolutely contra-indicated in febrile diseases with scanty, albuminous urine of a low specific gravity, and in cerebro-spinal lesions.

In cases where, from sudden chilling of the body, or other causes, the blood does not readily reach the capillaries, the administration of alcohol in some form is often indispensable. It should, however, never be taken *during*, but always *after*, exposure to cold, when it is frequently of service in preventing congestion to the internal organs.

In these days of bacterial discovery, when so many complaints are found to depend upon the presence of parasites, this solvent property promises to become of special importance. It is known that even tubercular phthisis is produced and propagated by means of these organisms. Such being the case, and if inoculation by any method should prove to be prophylactic against this terrible malady, still there will remain a wide field for the display of therapeutic skill, in the relief of those patients whom the new treatment may have failed to reach.

I have found alcohol, in ten drop doses, in half a wineglass of water, taken every two hours, remarkably effective in these cases. In diphtheria I prefer brandy to any other agent of the class—and although here, as always, we must be careful to keep within the limits of *cerebral tolerance*—still, this limit is less easily reached in diphtheria than in any other disease with which we are familiar, and our remedy should be pushed as near the interdicted point as possible. As alcohol is known to be a destroyer of micrococci, it may yet prove to have the same power in respect to the tubercle-bacillus; but in both cases the drug must find its way into the circulation, and there expend its force.

In pulmonary affections generally, this agent has been found of great service, especially in the form of whiskey. It quiets the cough of consumptives, lessens wear and tear, promotes nutrition, and thus often changes a seemingly hopeless case into one of complete recovery.

In cases characterized by nocturnal perspiration, copious purulent expectoration, diarrhœa, extreme emaciation and depression of spirits, the lighter wines are of decided value.

We often meet with cases of indigestion which only require the discontinuance of drinking habits to effect a removal of all the annoying symptoms; and quite as many patients have been benefited, under like conditions, by the exhibition of alcohol in appropriate doses. The question may be asked, "How are these cases to be distinguished?" The "guiding symptoms" are, the *weak and intermittent pulse*, the *loss of appetite*, and the *mental and physical prostration*.

In hæmorrhoidal conditions, as well as in morbus Brightii, alcohol is generally regarded as contra-indicated.

Rheumatic pericarditis, distinguished by great pain, sleeplessness, loss of appetite, and jactitation of the limbs, calls for its exhibition in small, non-narcotic and frequently repeated doses.

During convalescence from a variety of diseases, wine is found to increase the appetite and improve digestion, thereby greatly promoting the progress of recovery.

Affections which are relieved by perspiration are often benefited, other conditions being favorable, by small doses.

The question, "What is a lethal dose of alcohol?" is quite difficult to answer, but we should always bear in mind that moderate doses augment the heat and large ones diminish it.

Two tablespoonfuls of a sixty per cent. solution have proved fatal in the case of children, and should be used with great caution.

Regarding the mode of administering this agent—as its effect upon the stomach is to quicken the movements of that organ, and to increase the secretion of gastric juice, it should be taken *with* the meal, and not *before* eating. If it increase the appetite without flushing the face, the patient will be benefited by its use. In some cases, it is best taken in small quantities, and even without food, on retiring at night, especially for its galactopoietic and for its hypnotic effect.

Except in the treatment of acute affections, I

have not found it judicious to allow the same alcoholic remedy to be used daily for any considerable length of time. It is far better to have it frequently changed, so that the stomach may not become too much habituated to a particular article.

By its irritant action upon the mucous membranes it augments their secretion, and thus not only permanently relieves acute bronchial and nasal catarrh, but is occasionally useful even in the chronic form of those complaints.

Alcohol in any form is seldom of service in that class of affections vaguely denominated hysterical. The very general practice of resorting to gin and similar spirituous compounds for relief from dysmenorrhœa and the multiform troubles arising from ovario-uterine irritation, is always to be deprecated, as aiding in the production of the most serious and intractable chronic maladies.

Still more injurious and unnecessary is the indiscriminate use of alcohol for the relief of pain in general, for averting the consequences of every shock to which the organism is liable, and for dispelling attacks of faintness under any and all circumstances. The best rule in such emergencies is that which bids us follow the indications afforded by the pulse, which will always inform us whether an alcoholic stimulant is called for, or whether the patient would be better off without it.

In a case of apopletic seizure, for example, no more noxious agent than such a stimulant could possibly be selected, for, instead of lessening the pressure upon the walls of the already distended blood vessels, it increases the impulse of the heart, and hence is liable to convert a slight attack into one of serious import, or to hasten a fatal termination when recovery is hopeless. It will be found of service, however, in the second stage of this lesion, when indicated by the pulse.

In the acute exanthemata, and especially in convalescence from scarlet fever, with absence of albumen in the urine, Tokay wine has done us the best of service.

From what has been said it will be readily inferred that the typhoid condition—with its characteristic dry tongue, torpidity of circulation, slow and intermittent pulse and tendency to the breaking down of tissue—forms an important sphere of usefulness for this remedy. We recall an instance from our own experience, in which a "total abstainer," after undergoing a severe surgical operation, gradually sank into a low, typhoidal condition, in which collapse seemed fast impending. The first dose of a weak mixture of brandy and water strengthened the failing pulse, moistened and cooled the parched mouth and tongue, raised the spirits from the deepest melancholy to serenity and hopefulness, and complete recovery speedily ensued.

And yet it is in this very type of ataxic fevers that alcoholic stimulants are most frequently and most abominably abused. As a rule, it is better not to employ them in the early stages of true typhoid; but during and after the second week they will be found of service when positively indicated, and if administered with due heed against an increase of the cerebral symptoms.

Whenever an emergency is to be bridged over by means of the sustaining powers of this agent, we have only to keep in view the limits of systemic toleration in the individual case, both in respect of the gastric and cerebral functions.

In conclusion—we think it can be shown, to the satisfaction of every intelligent inquirer, that alcohol, in its many forms and combinations, is possessed of wonderful efficiency for good as well as for evil; and that, while we are unquestionably bound to avoid the slightest risk of fastening upon our confiding patients the most tyrannical of habits, yet, at the same time, as scientific practitioners, we are also bound to make use of every effective instrument proffered us by nature in their behalf—provided that we do so under whatever restrictions may be imposed by a thorough knowledge of our resources and the unbiased exercise of our reasoning powers.

Such, then, is the clinical aspect, so far as we are able, in the time at our disposal, to trace it to-day. If what I have said inspires you with a desire for better work in the treatment of the sick, in the direction of more careful analytical study, then my effort will not have been in vain.

RELATIONS OF THE CELLS OF THE CORTEX TO CERTAIN FORMS OF INSANITY.

BY JAMES A. CARMICHAEL, M.D., NEW YORK.

THE word insanity, in its strict interpretation, means unsound; *in*, *sanus*, not whole, and, as applied to the mind, mental unhealthiness. Ponderous and exhaustive tomes have been written upon this terrible affliction, and man's charitable benevolence and kindly sympathy for his fellowman, the victim of the curse of insanity, have erected and maintained among all peoples of the civilized earth, a home and a refuge for the dethroned reason, the distraught mind. The unhappy sufferer becomes the ward of humanity. His "distracted globe" represents, as it were, a return to second childhood, so far as his dependence and his irresponsibility are concerned. To the daily and hourly wants of his physical being, hands and hearts, prompted and guided by loving sympathy and tender pity, give freely and unrestrainedly, and beneficent science, that is always seeking for the balm that shall "minister to a mind diseased," is untiring in the effort to stay its wild, inconsequent and delusive fictions, and to bring it back to wholesome thought and healthful reason. The poet says "man's inhumanity to man makes countless thousands mourn." Ay, but the "recording angel" will put down in the book of man's account with eternity, and on its credit side, man's *humanity to man* makes countless thousands joy in the vanished darkness and the return of the glorious light to the long benighted and beclouded mind. From the earliest periods of the world's history, insanity has afflicted "the sons of men." Before the existence of medicine, and its relations and adaptation to the physical ailments of man, all forms of insanity and mental obliquities of any

and every kind, were regarded as emanating from the deities that controlled human life and man's destiny, and expressed their anger against or disapproval of human action by inflicting the curse and punishment of insanity upon men and their innocent progeny. We read of the lycanthropy of Nebuchadnezzar taking the form of his imagined resemblance to a wolf, and of the maniacal frenzy of Saul. That the idea of this infliction by a supervising divinity, existed, is evidenced by the use of the terms *δαιμονωλῆπτοι*, demoniacs or possessed of a demon, *θεόλῆπτοι*, possessed of the gods, in the language of ancient Greece, and the unfortunates were delivered over to priestly discipline, to various forms of purification, expiation and exorcism, and to ablutions "with the lustral water or the blood of a sacrificial victim." It was not until the advent of Hippocrates, 460 B. C., with whom the medical epoch of antiquity began, that insanity and its treatment assumed a tangible form, and came to be considered as one of man's physical diseases, to be recognized in its various characteristic phases and symptoms, and requiring, like other diseases, the application of remedial means for its alleviation and cure. From his time, sacerdotal incantations, exorcisms, and ablutions gave place to bleeding, purgation, emetics, baths, vegetable diet, hygienic exercises, music, travelling, etc. He also regulated the use of mandragora and of hellebore-veratrum album, discovered, as related by tradition, by the shepherd Melampus, and used empirically as a specific for insanity. The use of this agent, as we know, is even now practised in certain of its forms.

It would be interesting to follow the history of insanity and its treatment along through the "Alexandrian period" for 300 years before the Christian era, then along the Græco-Roman period, represented by Celsus, Asclepiades, Cœlius Aurelianus and Galen, to the third epoch, embracing the "Middle Ages," during which belief in demons was universal, when sorcery, the witches' Sabbath, demonopathy and hysterical religious insanity sacrificed the lives of thousands of victims of popular prejudice, who had unhappily lost their reason, and thus were only fit to be consigned to torture, execution and the devouring flames. Then came the "Renaissance," represented by Sydenham, Bonet, Vienssens, Boerhaase, Saurages, Willis, Cullen, and others, which witnessed the first evidences of the scientific study of insanity, its various forms and their multiple phenomena, and which witnessed also the cruelties still practised upon the insane, not, it is true, by torture and death, as we have seen, but by confinement in foul dungeons, chains, collars of iron, and exposing them to view like wild beasts, through prison bars.

And now we reach the epoch of release, and the memorable reformation of 1793 by Pinel, to which the insane were indebted for their security from violence, and the manifold cruelties to which they had been subjected, a reform which inaugurated a complete transformation in the medical treatment and management of the insane. As related of Pinel, "for bad treatment, brutal violence, blows and chains, he substituted wisely combined methods of repression. He praised the effects of firmness, combined with mildness and patience, and finally laid down the first basis of moral treatment." The example of Pinel was followed by Esquirol in France, Daquin in Savoy, Chiarrugi in Italy, and William Tuke in England.

Thus, in brief have we given an outline of the changes that occurred in the history of insanity, and the reform instituted by Pinel forms the basis to-day of the management and treatment of the unfortunate human beings upon whom has fallen this terrible affliction.

We do not propose to investigate the different forms assumed by insanity in different individuals, nor to endeavor to estimate the critical comparative analyses that have been made by authority between those conditions of the mind designated as mania, melancholia, dementia, monomania, hallucination, delusion, idiocy; the difference between insanity and mental alienation; the physical, moral, emotional, psychic, and other predisposing causes. We know of no more comprehensive definition than that given by Esquirol, who defined insanity as "a cerebral affection, ordinarily chronic, without fever, characterized by disorders of the sensibility, of the intelligence, and of the will."

'Tis true that there are certain conditions of the mind and of the intelligence that might not be reckoned absolutely as conditions of insanity, unless we adopt the generic interpretation of the word already given by us, as those of mental unsoundness or unhealthiness, and which have been designated as constituting mental alienation.

An individual may be affected by a certain form of mental alienation, such as that known and recognized as a monomania, hallucination, delusion or a psychopathy—soul sickness, as it has been called—or a perverted fancy. Again, certain other individuals become the prey of disorders of their moral nature, in which they are unrestrained by the restrictions imposed upon men and women by the obligations of social life, and who, impelled, it may be, by some mysterious and irrisistible force, to the commission of crime, and with full consciousness of its penalty, still continue to yield themselves to what would seem to be a fascination beyond their power of abstention. Such are the unhappy dipsomaniacs, kleptomaniacs, and those persistently guilty of the acquisition of money by dishonest and unlawful practices, and who, though the walls of a prison may have held them in seclusion and in punitive bondage for a time, yet acquire their freedom only to begin anew the same old vicious and degrading round of dishonesty and crime. Again, the forms of mental alienation, so to designate them, assumed by those emotional impulses of the mind, in which it is swayed by emotions and passions, perhaps transitory and evanescent, and which the calm of quiet and passive thought rejects and puts away, as unworthy of entertainment by the more sober and exalted reason, but yet only to recur and captivate by their subtle power, until, it may be, there may come a time when we "count the world well lost for love," cost what it may, and in the language of reckless

and all conquering passion, "die of a rose, in aromatic pain." The expression of an eye may send the reason wandering in a maze of unreasoning ecstasy, as when Moliere breathed his passion in the fervent words, "Madame, vos beaux yeux me font mourir d'amour," The other senses, too, prevail to unsettle the mental balance and "push us from our stools," as when men marry women through the olfactory sympathy of a personal aroma, or as when the sound of a sweet voice allures to sin and the abnegation of marriage vows. Not only are men and women the willing victims of these seductive blandishments that steal away their senses and still the voice of reason, but nature herself repeats them in the bird, as he makes the air vocal with his minstrelsy to his expectant mate.

Another potent influence in unsettling the mind, and helping to fill hospitals for the insane, is the fanaticism or frenzy, called religious, that prevails especially during the period of "religious revivals." It may truly be said that one "camp meeting" can do more moral damage than forty theatres, and we well remember that one of "the holidays for the boys" while at school in a large academy in the country was to send them to the "camp meeting" that took place annually in the neighborhood. This, together with our then daily instruction in certain of the "Carmina" of Horace and some of his portraitures of Roman social life, and an increasing familiarity with the "Satires of Juvenal," made it a tough struggle between our mental and moral nature. In this powerful agent of dementia, to which may be allied the miserable deceptions of spiritualism and all kindred impositions upon weak human credulity, there is a large element of religious superstition, and the supernatural exercises a force compelling fervor of supplication for happiness in the unknown future, and for deliverance from the terrors and punishments awaiting the unsanctified and unregenerate soul.

But the physician and the surgeon have to do with more palpable and tangible sources of mental alienation in the physical body. They well know that it often happens that the whole organic being may, from a cause seemingly infinitessimal, and so trifling as to make it almost incredible, be convulsed with the fearful paroxysms of maniacal frenzy that, in the height of their fury, would seem to liken the human being to the wild beast that mangles and tears. The history of the whole field of the excito-motor and the reflex sympathies is the history of the capabilities of the mysterious force within us, and which we call nervous system, to dethrone the mind, pervert and brutalize the moral sense, and deliver the body over to pangs and pains that defy tongue and pen to tell and write. We all remember the story of the instrument that sprang into existence from the inventive genius of Frankenstein. From being in his conception a passive and docile agent for good and beneficent service, it grew into a machine of titanic power and uncontrollable force, and mastered the mind that called it into being. So it is with our nervous matter. In its normal and healthful integrity it ministers to our physical and mental needs, and makes life smooth and easy. Let one little tendril of it become subject to disease, the ease and the smoothness soon depart, and we groan and sweat under its mighty power, and then become poor, suffering humanity, only fit to be nursed and coddled by some other nervous matter whose turn hasn't come yet. *Eheu, humanum est pati!* Can there be a sadder picture of poor human suffering, or more pitable, than that of a woman, when through the maternity imposed upon her by the laws and the requirements of her being, she will, in her puerperal frenzy, turn upon and destroy the fruit of her womb, repel and disown those nearest and dearest while reason holds, but now repugnant and offensive to her every sense. There's hardly an organ in her body that may not become an enemy to her mental and physical peace, and in her uterus and its ovarian appendages, there's a Pandora's box of evils. Then another little insignificant organ, the clitoris, a miniature repetition of a similar organ in the opposite sex—alas, for how many physical evils is she indebted to that same opposite sex!—a slight irritation of which may awaken in her the shameless ebullitions of concupiscence and unbridled lust, unsex her with the paroxysms of erotic mania, nymphomania and satyriasis, and finally open the door of the madhouse and shut her in, an outcast from all social affiliation and communion.

Then, worst of all, the wretched beings who, "though made in the image of their Creator," yet yield themselves helplessly to habits and practices unnamable and almost unthinkable, and that devils would grin and jeer at and welcome as of them and only fit to consort with them.

In a recent work by Von Krafft-Ebing, the most curious may find ample material for the gratification of his curiosity—should it tend in that direction—and for instruction in the revolting revelations of the depths of degradation to which human beings may sink when under the control of what he calls "Psychopathia Sexualis." To us this term seems badly chosen. Psychopathia means, etymologically, soul sickness. The Greek esteemed his ψυχη or soul, his ψυχη αθανατος, deathless soul, as his immortal part, incapable of sickness, of death or annihilation. The Egyptian symbolized his immortality by the winged globe. The Christian holds it as the essence of the divinity within him, and through whose affinity he may commune with his Maker. To ally this "saving grace," this "better part" within us, with the gross lusts of the flesh, is to "set the face" against the divine perfections of Creative Power, and, as it were, make that Power a partaker of or responsible for human depravity and corruption. If the human soul means anything, it means that within our poor, mortal bodies there is a something, we know not what, we call it soul, conscience, spirit, constantly warring against, and with its "still, small voice," antagonizing the cravings of the senses, the instincts of the flesh. With due deference, we would venture to suggest for the expression "Psychopathia Sexualis" that of "Noopathia Sexualis," from νους, the mind, and παθος, disease, or a perversion of that department of the mind that controls

the sexual instinct. In the description given by the author of the different forms of human pollution, viz., sadism, masochism, fetichism, urning, homo-sexuality, etc., the reader may indeed "sup full of horrors." In one of our articles upon "Nervous Matter" we adverted to a most unnatural and revolting instance of homo-sexuality, or lust between individuals of the same sex, in a case that occurred in Memphis, Tenn., in which a young girl was slain by another in open day, while under the influence of a paroxysm of the erotic mania of homo-sexuality. The great philosopher and exponent of human nature for all time, makes Hamlet say: "For if the sun breeds maggots in a dead dog, being a god kissing carrion." So here there's a maggot in the brain, and it breeds of its kind, until the whole mind swarms with the pestilent bacilli of unholy desire. There's a fever and a distemper in the blood, and its currents run riot with moral pollution, and with the fetor of foul passion and libidinous lust. But these are a perversion and a degradation of a natural instinct of humanity, and might be designated rightly as evidences of a form of insanity in its grossest sense, and of mental and moral alienation.

The natural instinct that impels to sexual companionship and communion, demands fulfilment. In the language of the author of "Psychopathia Sexualis:" "In coarse, sensual love, in the lustful impulse to satisfy this natural instinct, man stands on a level with the animal. But it is given to him to raise himself to a height where this natural instinct no longer makes him a slave. Higher, nobler feelings are awakened, which, notwithstanding their sensual origin, expand into a world of beauty, sublimity and morality." To which Maudsley adds: "Were man to be robbed of the instinct of procreation, and all that arises from it mentally, nearly all poetry, and perhaps the entire moral sense as well, would be torn from his life."

Of the effects of drugs and poisons in determining mental alienation and insanity: All are familiar with the pictures painted by the master hand of De Quincey, of the beatific euthanasia that steeps the senses of the voluptuary in the indulgences of oriental life. With his little pill of "hasheesh," he leaves earth, and its dull and tiresome round, and by some mysterious process of metempsychosis, he has left his old, and perhaps worn out and exhausted, physical self behind, and now, rehabilitated and renewed, he wanders among the stars. Do we stop to think that Nature, or the Great Power she represents, provides this drug, which can eliminate the corporeal, and, for the time that we lie passive and impotent under its subtle power, can lead into full enjoyment of another life—call it ethereal, spiritual, psychic, what you will, but yet surely another life? Do we stop to think that Nature, or the Power she represents, has provided for all the physical ills of men the drug that can "medicine them to sleep?" But do we stop to think of the dangers that lie in wait upon the abuse of these beneficent purposes? How is it with the opium eater and smoker, and the victim of the morphine habit? Nature has her revenges, and she will exact to the last tithe, and what is there to see after her exactions have been paid? Only a human wreck, a skeleton resemblance of what was once a man or a woman, endowed, it may have been, with all the physical, mental, moral attributes that could distinguish him or her above his or her fellows—mind gone, as seen in the vacant, lackluster eye, the blank, expressionless face; moral nature degraded and sunk so low that even love can wish nothing better than that the grave should open and hide what remains of that which was once our pride and the hope of our life. This is a sad picture, but true in every detail of it. But we know of one that is, if possible, sadder still. We use the last expression because of the wreck of a noble life, sacrificed, not by abandonment to vicious habits, but by the cruelty of revenge, that with devilish cunning killed the mind, while preserving the body. We allude to the cruel fate that befell the Empress Carlotta, wife of the unfortunate Maximilian, once Emperor of Mexico. It is related of her that she became insane, not because of the adversity that overtook her husband, for this she bore with patient resignation even unto death itself. The true cause of her insanity, which still continues unchanged, was, that she was slowly and stealthily poisoned, while at the summer palace at Chapultepec, and afterwards at the winter palace in the City of Mexico. Because of her charities, which were profuse, she was besieged by beggars, which gave the opportunity to "an old Indian hag" to mingle poison with her food and drink.

The ancient Aztecs of Mexico were skilful in the preparation and use of poisons, and among these was one known as "Talavatchi," which has the remarkable effect of destroying the mind, leaving the body intact when given with care and skill. The knowledge of its use has been transmitted to their descendants, the peons of Mexico, as related. "As in nearly all cases of poisoning by 'Talavatchi,' the mind of the Empress became a blank to all but one channel of thought. Outside of flowers, the world to her does not exist. The love of home, country and friends, passed away after the draught of the old Indian witch's decoction, and left her mind a wreck." With this brief sketch of insanity, and its kindred mental imperfections and perversions, and the various influences bearing upon their production, it now remains to consider and endeavor to discover, if possible, the causes of these mental impressions; how they act, and the portions of the brain affected by them. Our caption reads, "The Relations of the Cells of the Cortex to Certain Forms of Insanity." The cortex of the brain is, by common consent, declared to be the great mental factor, the source from which all the powers and faculties of the mind proceed. Therefore, it is to the cortex, and to the *physical elements* of its organic composition, in other words, *its cells and nervous matter*, that we must look for any and every derangement, modification or perversion of its normal and legitimate mental functions, and for the various forms of insanity or of mental alienation, be they mental, moral, psychic

or other, that may manifest themselves as indications of disturbance existing somewhere in the physical structure of the cortex. We suggested the relations of the cells of the cortex to certain forms of insanity, and in these certain forms we propose to consider those already indicated as forms, not of insanity proper, but of mental, and it may be of moral, alienation, among them dipsomania and kleptomania. These, in their mental, moral, physical and hereditary associations, will afford material for future investigation and argument.

COMPOUND OXYGEN; OR, THE THERAPEUTICAL VALUE OF OXIDES OF NITROGEN.

BY WILLARD H. MORSE, M.D., F. S. SOC.

PROFESSOR RAMSEY and Lord Rayleigh, two members of the British Association, believe they have discovered a new chemical element. It is discoverable where it would have been least suspected—in common pure air—of which the discoverers claim that it constitutes fully one per cent. They were led to suspect the existence of the element from the fact of the nitrogen obtained from the atmosphere being different from the standard nitrogen. They took some of the atmospheric nitrogen and added to it magnesium, which absorbs nitrogen. After the absorption had taken place, a residue remained. It was a dense, sluggish gas, twenty-one times heavier than hydrogen, and twice as heavy as nitrogen. On submitting it to the final analysis of the spectroscope, it was found that its spectrum differs from that of nitrogen by the presence of a single intensely blue line.

The publication of this discovery naturally awakens something like skepticism, and yet, at the same time, the possibility of such a new element explains certain hitherto inexplicable matters. There is a great temptation to scoff, and hail the new element as but an oxide of nitrogen. At first sight it looks as though that defines it altogether, but when the work of the spectrum is called in, and the spectroscope gives its revelation, the scientist feels that if it is of that character, it is that ideal oxide of nitrogen that has been dreamed of but never realized. Perhaps it is, and if it is, what then? May it not be a new element after all, for what is an ideal oxide of nitrogen but something not heretofore understood, and liable to be of one denomination outside of others? The consideration leads up to an interesting line of inquiry, and to the magnifying of the oxides of nitrogen.

There may be a new element, as our British cousins say. It is not to be denied, even with the lack of confirmation. There is, most certainly, a something about the air, a constituent that may be denominated the active principle of the atmosphere, worthful in different measures, and of exceeding value therapeutically. It is a new element or oxide of nitrogen. If an element, or if an oxide, it is a notable principle, on which the value of the air depends. The statement is made that it is "found in air rich in oxygen." This expression has a strange sound, but it is borne out by investigations.

The most exact analyses of specimens of atmospheric air collected under circumstances which insure that it is of average purity give as the received mean, oxygen 20.96 per cent., nitrogen 79.00 per cent., carbonic acid 0.04 per cent. We are accustomed to admit that there may be some variation in these proportions, but at the same time, we speak of them as being in such a general sense constant as to admit of no consistent differences. Yet the degree of difference is really considerable. This does not refer alone to the amount of carbonic acid in different situations, but refers as well to the oxygen. I have conducted investigations in this line for many years, and the following are a few of many figures which may be cited as showing the volumes per cent.:

At Asbury Park, N. J.	20.98
Peru Hill, Berkshire County, Mass.	20.99
In a sweat shop in New York,	20.62
In Bristol, Conn., copper mine,	20.63
In Bristol, Conn., copper mine,	20.70
Hinsdale, N. H., on excessively cold day.	20.97
In a malarial swamp, Pittsfield, Mass.	19.50, 19 75 and 20.15
In Northampton, Mass.	21.00
Merriewold Park, N. Y.	21.02

The volume per cent. of the oxygen has to do with that of the "new element" or the oxide of nitrogen very intimately. In point, it is to be argued that on the large quantity of that constituent, the value of the air for healthfulness depends. If there is 1 per cent. where there is 20.96 per cent. of oxygen, there must be a still larger percentage where there is 20.97 or 21.02 per cent., and Hinsdale, N. H., and Peru Hill, Mass., are notable for their salubrity. What then? The more oxygen, the more oxide of nitrogen, and the more oxide of nitrogen, the more healthful the locality,

We know in a general way that without oxygen there is no life, and we are accustomed to affirm that where the more oxygen is given, the more vigor results. This is a beautiful theory indeed, for essential to the vital processes of all animal life, it is a wonderful agent, and without a substitute. But perhaps in this later day we may better give the credit to the oxide, as sustaining the processes by an action truly chemical, and providing for the highest and most perfect vitality. Where occurring in the atmosphere in the largest quantities, it contributes as an important factor to the advancement and maintenance of health. The air that is richest in the oxide is the air that is most economical. The "new element" is demanded. Intra-organic oxidation is a necessity of the tissues, and the most available source is the atmosphere, and the most available atmosphere is that which is most generous of the "element." Given air that is of extraordinary worth in it, and the provision is for increased health and prolongation of life. In the hour of the brilliant light of higher science, we might have forgotten that pure air has a fixed and definite therapeutic value, had it not been that the beautiful truth is made apparent in full

appreciation and complete recognition by the flash of this new discovery.

The question of the application is by no means complex. In the younger years of the planet the atmosphere was purer and finer than it is now, and life was measured by centuries where to-day's gauge is that of the decade. To-morrow we shall come to still narrower measurements unless the idea is applied and made to redound to the fullest benefit. Grasping a comprehension of the truth, and coming at the matter analytically, there remains the justifying of the therapeutic value. We may not indulge hopes of correcting the atmosphere of the globe, and procuring a renaissance of the æons immediately succeeding the Pliocene time, when the air was richer in the oxide, but we can consider how best to make use of that which we have, and how to augment its quantity in limit. Forgetting to sigh because that the air is more impoverished of the constituent than it was in the days of Methusaleh, and that therefore disease is more rife, and life suffers abbreviation, we may be content to demand for the element the place of a leading therapeutical factor.

There is an atmospheric constituent which eminent British scientists describe as a new element, but which we old-fashioned chemists are content to know as an oxide of nitrogen, the occurrence of which makes for salubrity. How can it be best employed therapeutically?

Considering it as a real oxide, we have six oxides of nitrogen with which to deal. They are all allied and similar, and their therapeutical applications are notable. We might name them as remedies diminishing or suspending the cerebral functions after a preliminary stage of excitement. Prominent is nitrous oxide, always perfectly neutral, renowned as an anæsthetic, and occupying a position second to none. There is nitric oxide, the most stable of its kind, colorless, uncondensable, and worthful in medicine and the arts. Then there are the three or four others, with properties not altogether satisfactorily ascertained, but intimate in relationship, and of abundant interest. The description of any one of the six might stand for that of any other with but slight modification, and although distinct, there obtains something like a possibility of the confusion of identification, though at the same time there is to be distinguished a difference in physiological action and therapeutical application.

If we single out this sixth oxide, and prepare it, we must not make the mistake of regarding it as but a form of oxygen, and attribute to it the therapy of oxygen. And yet it may be questioned as to whether oxygen does not exercise its value by reason of its factorship. I confess to all favor for oxygen, and absolute proof of its immediate action and wide field for utility are given at the hands of such eminent men as Wallian, Beverly Robinson, A. H. Smith, Solis-Cohen, Hackley, Richardson, Humphrey, Vanderbeck and Kellogg in this country, and Beigel, Loysel, Fave, Oertel, Paul Bert, Ehrlich, Quinquand and others in Europe. But, despite the brilliant advocacy, the practice is limited, and not a few practitioners denounce it, and pronounce the administration of pure oxygen unfeasible, because that it is too powerful as an oxidizing agent, irritating to the air passages, and uncertain in results, owing to the fact that the blood in certain conditions may not be fully saturated, inasmuch as the point of exaggeration corresponds with the extreme physiological demand. The careful practitioner admits that oxygen is the most powerful and most reliable antiseptic known to science, but denies it the place of honor because the direct, immediate therapeutical action of the gas is uncertain and inconstant. We are afraid of pure oxygen. Recognizing the fear, in 1889, Dr. E. C. Titus, of New York, pointed out a rational modification as essential, and showed that if the gas is modified, it becomes more assimilable, and of readier availability. He suggested nitrogen monoxide as such modifier, and his suggestion has been so largely adopted that when now we refer to "oxygen treatment" we mean oxygen in this combination. A list of clinical cases is at this writing at my hand, approving the efficacy and substantiating the idea at point—that on the oxide there is to be placed a large faith. Upon it, as modifying the oxygen, the value of the latter depends. Therefore, on oxygen the value of the oxide must depend.

If we obtain the oxide of nitrogen in the same manner as outlined by Dr. Ramsey and Lord Rayleigh, or by such other method as we may elect, and make combination with oxygen, we get, it seems to me, a potential factor in therapeutics. I have known of different methods of procuring the combination, but the best is that of Frank Northrop, of New York, who prepares a perfect compound oxygen—distinct of course from the "compound oxygen" of the charlatans. Consider what such a combination is—a compound of the most reliable antiseptic oxygen with an ideal agent for diminishing the cerebral functions after a period of excitement. The combination of the physiological actions is of the highest merit, and this colorless, tasteless, and inodorous gas, is one worthy of welcome. Taken into the system by inhalation, it is patent that it is of value therapeutically. (1) As a curative measure in diseases of the blood, circulation and respiration; (2) as a palliative measure in extreme subjective and objective dyspnœa; and (3) as a prophylactic of disease of these characters.

If there is one class of diseases in which treatment by this gas is more successful than another, and more readily and simply demonstrable than another, it is the "common cold." There it is so successful as to convince of the radical difference between it and the old methods of practice. We all know that many times we rise in the morning feeling, as we commonly express it "as though a cold was coming on" and that on going out into the open air, it all "wears away" after a little while, and leaves no symptoms whatever. Why is this? It is because the oxygen of the air acts locally on the irritated mucous surfaces, and systematically through the blood, removing the morbid process, and restoring that which is nor-

mal. Again, when one is suffering from a severe cold, he—for the same reason—feels better when out in the open air. This nominates the treatment referred to. There is no quicker and at once more natural and more scientific method of "breaking up a cold" than by compound oxygen inhalation. It is obvious that there cannot be inflammatory disorder of the throat, nasal cavities and bronchial tubes, if there is a supply of pure air for respiration; and that which is chief contributory factor to purity is the oxygen. Therefore, exhibit compound oxygen, and colds, coughs, catarrh, bronchitis, asthma, hay fever, influenza, grippe, and all allied diseases cannot but be speedily cured. Again, there is diphtheria, an inflammatory disease depending on a specific germ. The compound oxygen cures the inflammation, loosens the membrane, and kills the germs. In pneumonia it also procures recovery, by reducing the inflammation and aiding the lungs. In other chronic pulmonary diseases, if taken opportunely and before the lung texture is extensively destroyed, it relieves the suffering and prolongs the broken life.

I take great pleasure in bearing my testimony to the value of this wonderful oxide of nitrogen as an invigorating tonic, a vitalizing force. I have examined and studied several hundred new remedies in the last fourteen years in which I have made the science of therapeutics my specialty, but among them, this is perhaps the most unique, in that by a natural, rational, and scientific action, it promotes a newness of life. Perhaps I know it best as remedial of bronchial, laryngeal, and pulmonary complaints, where it has been principally tested under my notice, but let me add a hearty commendation of it as the one vital element not otherwise or elsewhere available, and available thus as a potent vitalizer. In fine, I not only recommend and advise compound oxygen, but I have faith in it as the inspiration of the medical science of the future.

CLINIQUE.

A CLINICAL LECTURE.*

BY FRANCIS DELAFIELD, M.D., NEW YORK.

(1.) CASE OF TACHYCARDIA.

THIS woman is forty years old. She states that up to the time of her present trouble, she has had no serious illness. There is no history of rheumatism nor alcoholism. Last February she began to complain of headaches, chilly sensations, vomiting and frequent attacks of palpitation, with some difficulty in breathing, which was increased on exertion. She came here to the Clinic in April, 1894, and it was found that she had a systolic murmur, which was referred to the lower end of the sternum. Her pulse to-day is 128. There is no thickening of the radial arteries; there is no increase in the arterial tension. The heart, although rapid, beats regularly. It is slightly increased in size, and a systolic murmur, not very loud, is heard at the base.

The interesting point in connection with this case is the rapid heart action. A pulse of 128 per minute, continuing for months, is a matter of no small consequence, and is sufficient to make a person feel sick independent of any other disease. The rapidity of the heart's action may be ascribed to various causes. It may be due (1) to a simple cardiac neurosis. We not infrequently see cases where the heart, without any organic lesion, beats too rapidly for a considerable period of time. This condition is often called tachycardia, which simply means a rapid heart action. (2) We might regard this case as one of exophthalmic goitre, without the goitre and the exophthalmus. While this is an apparent contradiction of terms, yet there are patients who begin in this way and later on develop one or both of the two remaining cardinal symptoms of this disease. (3) It is possible that in this case there is real disease of the aortic valves. There may be a chronic endocarditis, with roughening of the valves, which gives rise to the murmur and the rapid heart action. (4) The case may be one of chronic myocarditis; that is, a chronic inflammation of the wall of the left ventricle.

The difficulties surrounding the diagnosis in such a case as this are very great, and no wise man would attempt to make a positive diagnosis until he has had an opportunity to observe the patient for some time. At present, we can only guess at a diagnosis. My opinion is that the case is one of simple functional disturbance of the the heart's action, without any organic disease. Such cases are not uncommon, especially in private practice, and we usually find that these patients complain of numerous other symptoms. This woman complains of headaches and gastric disturbances. They may have all sorts of nervous symptoms, to which they attach the chief importance, but these will disappear if you can succeed in making the heart beat more slowly. In the treatment of a case like this, we first look into the patient's diet. Many women, especially working women, live largely on bread and tea. The tea should be stopped at once, and the patient instructed to eat at least one solid meal of meat, bread and butter and vegetables each day, and drink plenty of water. For the gastric symptoms a simple prescription of nux vomica or soda may suffice, or you may be obliged to wash out the stomach. The bowels should also receive careful attention. Many of these patients are constipated, and this condition should be relieved by a simple laxative, which can be taken every day. As a rule, enemas or suppositories do not answer for this purpose. Then we come to a regulation of the heart's action, and in order to accomplish this, we must experiment to a certain extent. Generally speaking, I do not think that the ordinary preparations of digitalis or strophantus—that is, the tincture or fluid extract—answer very well. If you desire to try digitalis in a case like this, I think it is best to prescribe it in

* Delivered at the Vanderbilt Clinic, New York, October 18, 1894. Stenographically reported for this journal.

the form of digitaline, one-hundredth of a grain four times daily. The digitaline alone may answer your purpose, or it may be necessary to combine it with belladonna and aconite, or it may prove to be of no use, either alone or in combination. There are cases in which strychnia, in the form of the sulphate, one-fortieth, one-thirtieth, or one-twentieth of a grain three times daily, or in the form of nux vomica, ten or twenty drops, three times daily, proves serviceable. Then again there are cases which improve under the administration of belladonna or aconite, given alone. Others again improve under large doses of the bromides. It is necessary, in order to get any benefit from any one of these drugs, that it should be given a thorough trial. If you can diminish the frequency of the pulse, then you are doing something. I will put this patient on nux vomica (drops fifteen) and bromide of soda (grains twenty), made up together and given before each meal and at bedtime, and when she returns in two weeks we will be able to determine whether this method of treatment has reduced her pulse rate.

(2.) RHEUMATIC ENDOCARDITIS.

This boy is fourteen years old. Four and one-half years ago he had an attack of rheumatism which kept him in bed for five months, and once a year since then he has had a similar attack. When he came to the Clinic in March, 1894, he complained of dyspnœa on exertion and also at night, and attacks of palpitation. He has never had any dropsy. He was put on potassium iodide and the syrup of ferric iodide, and under these he has gradually improved. His urine has a specific gravity of 1020; it contains no albumen.

The boy has a very good pulse; it is not increased in frequency. There is considerable enlargement of the heart, and the apex is displaced to the left. The heart's action, although regular, is too forcible. There is a very loud systolic murmur at the apex, and there is a double murmur heard over the entire length of the sternum. In this case the history is a perfectly straightforward one, and there is no difficulty in making a diagnosis. This boy had a rheumatic endocarditis, affecting the endocardium which makes up the mitral and aortic valves. The lesion of the mitral valves has rendered them insufficient, and so we get the loud, characteristic murmur of mitral insufficiency. The inflammation of the aortic valves has made them insufficient and rigid or roughened, and we get the double murmur which goes with such lesions. Following these valvular lesions has come the enlargement of the heart; the heart, being obliged to perform its work with valves which are insufficient, has become hypertrophied, and just at the present time the hypertrophy seems to be in very fair proportion to the changes in the valves, so that the circulation is carried on fairly well. There is no evidence of venous congestion, nor is there any irregularity of the circulation. The boy feels quite well, and is able to go to school. He is not able to run about very much, because of the dyspnœa on exertion. This boy, as already stated, has had several attacks of rheumatism, and each fresh attack in this case is a distinct evil. It is a matter of much consequence to prevent these attacks, or to promptly check them when they do occur. In patients like this, who have rheumatism year after year, I believe that potassium iodide is of more value than sodii salicylate, salol and drugs of that character. This boy is now taking potassium iodide, ten grains three times daily, in combination with the syrup of ferric iodide, and I think it advisable to continue this treatment for some time. Its use is especially indicated during that season of the year when he usually has his attack, as I think the drug can be regarded as a preventive in some of these cases. As regards the treatment of the cardiac lesion, the best thing we can do is to leave it alone. The heart could not be made to act better than it is acting now. Of course, we cannot improve the damaged valves. The natural impulse of a great many practitioners seems to be to give digitalis to any patient who has a heart lesion. The important point is how that diseased heart is carrying on its work. If it is carrying on the circulation as well as can be reasonably expected, common sense will at once tell you that there is nothing to do. In this particular case, neither a cardiac stimulant nor sedative is indicated, nor is it necessary to give any drug to dilate the arteries.

(3.) ENDARTERITIS; MYORCARDITIS.

This woman is fifty years old. Four years ago she had an attack of jaundice, with gastric symptoms, and some enlargement of the liver. Three months ago she had an attack of vomiting, with dyspnœa and palpitation. At that time her legs were swollen, and she had an attack of pleurisy, for which she states she was tapped thirteen times; according to her own story, she was tapped on both sides. The specific gravity of her urine is 1010; it contains neither albumen nor sugar. There is no history of rheumatism nor the excessive use of alcoholic liquors.

Upon examination, we find that the radial and temporal arteries are tortuous and thickened; this means that they are the seat of a chronic endarteritis, which probably involves all the arteries in the body. The pulse is soft and fairly good; there is no increased tension. Over the chest we find that the resonance is somewhat exaggerated; the breathing sounds on the right side have a whistling character. The heart is enlarged; its action is irregular and rapid; there is no murmur.

From this woman's history, and from her symptoms and physical signs, it is evident that she is suffering from a chronic productive inflammation in several different parts of the body. She has a chronic productive inflammation of the arteries, resulting in a thickening of their walls; she has a chronic productive inflammation of the lungs, resulting in an ordinary emphysema; she has, in all probability, a chronic productive myocarditis, which has resulted in replacing a part of the muscular structure of the left ventricle with fibrous tissue; she has had a growth of new connective tissue in the liver, producing cirrhosis of that organ. As regards changes in the kidneys we

are not certain; the urine has a low specific gravity, and it is not unlikely that there exists a chronic nephritis, without exudation. We see, therefore, that in this patient several different parts of the body are affected with practically the same form of chronic inflammation, with the production of new tissue. These cases are not very uncommon, especially in hospital practice. As regards treatment, there is little to do excepting to treat particular symptoms, as they arise. In this case there are no immediate symptoms, and I do not think there is any special thing to do for her unless she is able to digest cod liver oil, or take some tonic to improve her appetite.

TWO CASES OF VAGINAL HYSTERECTOMY.*

BY WILLIAM H. WATHEN, A.M., M.D.,
LOUISVILLE, KY.

Professor of Abdominal Surgery and Gynæcology in the Kentucky School of Medicine; Fellow of the American Gynæcological Society and of the Southern Surgical and Gynæcological Society; Gynæcologist to the Kentucky School of Medicine Hospital and the Louisville City Hospital, etc., Louisville, Ky.

THE Fellows will remember that I recently exhibited a number of specimens of uteri, removed by hysterectomy for cancer and for fibroid tumors, some by vaginal, others by abdominal hysterectomy. This evening I will show two uteri recently removed by vaginal hysterectomy, one for malignant disease, the other for myoma.

The uterus removed for malignant disease is hardly as large as the average sized uterus, and seems to be perfectly healthy, except in the cervical portion, where the cancerous disease had been removed some days before, and also the day of the operation, by curettage, to prevent infection by cancerous or septic matter during the operation. Some of the material removed by curetting was examined by Dr. Louis Frank, and pronounced positively carcinomatous. The woman made an uninterrupted recovery, is now looking well, and seems to be in perfect health.

I believe there will probably be no recurrence of the disease, because I have never operated upon a more favorable case, as there was no systematic infection and no involvement of any tissue that was not removed. The patient was about forty-nine years of age, and the mother of several children.

No. 2.—This uterus has quite a number of myomatous growths. When the patient was referred to me, I found her extremely anæmic from loss of blood, which had continued for more than two years. She also suffered intense pain in one leg, and could scarcely walk. There was great local pain, pain in her back, etc. Either the loss of blood or the pain resulting from the presence of the tumor, indicated the necessity for its removal. I decided upon vaginal hysterectomy, believing that the uterus could be removed by this means, and that the dangers of the operation would be much less than by the abdominal method, and there would be no abdominal wound that would require the wearing of a bandage for one or two years, and probably result in hernia. Shock is much less if hysterectomy is performed per vaginam, and if there are no contra-indications, I elect this method where the tumors are not too large.

This uterus was thoroughly curetted and tamponed tightly with iodoform gauze; you will observe here a piece of the gauze which has not been removed. The uterus was easily removed, and the woman made an uneventful recovery; she is looking better in every way; she is regaining her former healthy color, because she is regaining blood, and is now free from pains in the leg, back, pelvis, etc., from which she suffered before the tumor was removed.

I advocate vaginal hysterectomy in preference to abdominal hysterectomy where the tumors can be gotten away by this means. The French gynæcologists operate for the removal not only of the cancerous growths, but for myomata by the vaginal route, even when tumors are very large; they take the tumors away piece-meal, after the fashion devised by Pean—removing tumors as large as one's head. I doubt the proprietry of that, and I think it is more dangerous in case of large tumors than the abdominal method; but in tumors which can be removed, even if you have to split the perineum, I think the vaginal method should always be preferred. In this country, particularly in the East, we find if the uterus is but little enlarged, many operators prefer the abdominal method, ligating all the vessels down to the vagina, separating the vagina from the uterus and taking away the entire organ.

As I remarked previously in this report, the shock of opening the abdominal cavity is greater than opening the peritoneum from below, besides, the dangers of sepsis are greater, and you have an abdominal wound to heal, and the danger of hernia.

DISCUSSION.

Dr. I. N. Bloom: As I understand in the first case (carcinoma uteri), the reporter stated that the cervix was curetted for the reason that he wanted to lessen the danger resulting from the operation next day. I want to ask whether the danger is not increased by curetting, in the transmigration of cancerous material by metastases through the vessels?

Dr. W. H. Wathen: In answer to Dr. Bloom's question, I would say that a thorough curettage of all necrosed cancerous tissue before the operation is essential in two ways: In the first place, if the necrosed tissue is left, and you operate, opening the peritoneal cavity, there is danger of septic infection and death—this caused the only death I have had following a vaginal hysterectomy. That was some years ago, before the importance of this precautionary measure was understood. Second, it is believed by many that if you have an abundance of well-developed cancerous cells, and these are allowed to come in contact with the freshly cut tissues in operating, that there is danger of the raw surfaces becoming in-

* The Louisville Clinical Society. Stenographically reported by C. C. Mapes, exclusively for this journal.

fected with the cancer, and consequently a more rapid reproduction of the disease. Dr. Guntermann asks why I practised curettage in the second case; that tamponing would have been sufficient. I did not curette this case until I had the woman on the operating table for hysterectomy. However, even in this case it might have been wise to have curetted the uterus a few days before, and have tamponed with iodoform gauze and recuretted at the time of the operation. We find by bacteriological examinations that in myomatous uteri there are often pathogenic bacteria in the uterine cavity and in the cervical canal, and there have been instances reported where it seemed clearly shown that the neglect of curetting in total extirpation, especially by the suprapubic method, has resulted in death, because of infection from the uterine cavity. So that now the almost universal practice is, where total extirpation is to be done for myomatous tumors by the abdominal or the vaginal route, to first (either some days before the operation, and repeat at the time of the operation or during the operation) practice thorough curettage and tamponnage with iodoform gauze, removing all bacteria after curettage by irrigation with bichloride solution, making a perfectly clean field from the top of the uterus to the mouth of the vagina, washing everything as clean as you would the abdominal wall for an abdominal section. In answer to Dr. Skinner's question about having less shock now than formerly, yes, I have less shock; and why? Because I do my operations much better than formerly; they are done more rapidly, the patient is kept a less time under the anæsthetic, which is a great factor in shock. I think most surgeons have less shock, because they do better work in this line than they did some years ago.

Dr. I. N. Bloom: In asking the question, which I repeat, it was to inquire why the operator should curette—my understanding was that he said it was to "*lessen the danger of recurrence of cancerous disease*," and in his answer he speaks of the danger of cancerous cells, by proximity, causing a recurrence. I have read some of the latest literature on this subject, and it has been discussed extensively at our Society meetings, but I have never heard it stated that any *cell* could reproduce the disease *by contact*. I can understand perfectly that *pathogenic organisms* of any kind introduced before curetting, without such curetting can produce septicemia, but I fail to see how we can explain that the *proximity* of the cancer cells can reproduce *cancer*. On the other hand, considering the micro-organismic theory—that a bacterium may be absorbed in the peritoneum and produce the particular disease with which it is associated, of which it is the pathogenic micro-organism—of course it is easy to be understood, but that the cell should reproduce the disease none of us can understand. I admit at the same time that none of us know what causes cancer; I know the embryonic theory, and the fact that there may be an undiscovered micro-organism which may cause the disease. So I do not feel that my question has been fully answered. While, generally speaking, I know very little concerning the indications or use of the curette in such cases, still I think the doctor has failed to show just why it should be used.

Dr. W. H. Wathen: The wisdom of curetting for the purpose of preventing septic infection has been clearly demonstrated by practical observation. In regard to the second question—probably I said cancerous cells—I do not know whether those persons who claim that the contact of cancerous tissue with healthy denuded tissues will produce cancer say that it is the cancer cell, or the secretion of cancerous tissue which produces the disease. I believe that it will finally be demonstrated that cancer is a germ disease. It is not an opinion of my own, but I have seen it expressed many times in the literature of the subject, that, as a precaution against the recurrence of cancer, it is advisable to practice curettage before removing a cancerous uterus.

THE LOUISVILLE CLINICAL SOCIETY.*

By W. O. Roberts, M.D. Louisville, Ky.

(1) RIGHT INGUINAL HERNIA; (2) LEFT INGUINAL HERNIA—VARICOCELE; (3) TUMOR OF THE NECK.

No. 1.—The first specimen which I will show you is the sac of an inguinal hernia which I removed two weeks ago yesterday. I have distended the sac with absorbent cotton, so as to demonstrate its original size. The patient was a man referred to me from Little Rock, Ark., the history being that he had a right inguinal hernia that was perfectly reducible, but at times it would come down and he would have great difficulty in getting it back. He was a traveling man who carried a large assortment of goods, and frequently had to do a great deal of lifting. He was afraid the hernia would come down and become strangulated while off on the road, and for that reason wanted it operated upon. I did not attempt to dissuade him from it, because I thought myself there was great danger of his having a strangulated hernia at some time when it would be impossible for him to obtain relief, and he would succumb to it.

Operation two weeks ago by the Bassini method. The man left the hospital on the thirteenth day. Result perfect.

No. 2.—The second specimen is the sac of a large inguinal hernia of the left side, with a very large varicocele. The bunch of veins seemed to be almost as large as three fingers. The scrotum was very much elongated. I did a radical operation for cure of the hernia, and at the same time removed the veins. Operation two weeks ago last Tuesday, and the patient is now nearly in condition to leave the infirmary.

No. 3.—The third specimen is from a case operated upon three weeks ago. The patient was a man referred to me from Columbia, Ky., whom I understood was sixty-seven years of age. He had

* Stenographically reported by C. C. Mapes, for this journal.

a tumor of the neck that first made its appearance eleven years ago. It grew very slowly until a year ago, when it began to rapidly increase in size, and a little over three months ago ulcerated. When he came to me he was carrying the tumor in a kind of a sling. The tumor was very large; it is very much shrunken now. There was no involvement of the glands of the affected side, and apparently no infiltration of the surrounding tissues for any distance beyond the site of the growth. The tumor was perfectly movable, extending from a little below the lobe of the ear down to within a short distance of the clavicle.

Operation for removal was done at my clinic at the University by making almost a circular incision; the blood vessels were caught with forceps as they bled, some of them before any bleeding took place, and in this way the growth was removed without the loss of much blood. After the growth was removed almost the whole side of the neck seemed to be open. It was impossible, of course, to bring the wound entirely together. It was brought together at four points, leaving an open space in the center about as large as a silver dollar. The usual antiseptic dressings were then applied. The man left the infirmary a week ago for his home, with the wound entirely healed with the exception of this central portion, originally the size of a silver dollar, which had contracted to about the size of a half dollar.

As I have said, when I operated on this patient I understood that he was sixty-seven years of age; after the operation however, I learned that the figures were exactly the reverse and he was seventy-six years old. From the history of the case I take it the growth is a fibro-sarcoma.

DISCUSSION.

Dr. W. L. Rodman: I believe Dr. Roberts did exactly right in operating upon the first case reported. Such a case situated as his patient was should be operated upon. There is little danger in the operation, and results are so eminently satisfactory, that I am quite sure the best plan is to operate upon such cases. Even if a hernia is reducible, if it cannot at all times be kept in place by a truss, operation for radical cure is demanded.

I would like to ask the doctor whether in doing the Bassini operation he used silk as a suture material? Bassini always used silk in doing his operation, and claims to have had very little trouble from burying the silk, but nearly all the New York surgeons use kangaroo tendon; some use silk worm gut, though its use has latterly been largely abandoned, I understand. The ideal suture for this purpose in my estimation is a small sized kangaroo tendon. This material abides in the tissues ninety days.

In the second operation for hernia and varicocele, the doctor of course practically did Halstead's operation, that is, did a radical operation for cure of the hernia, removing the enlarged veins of the scrotum at the same time. The advantages of this method are very plain.

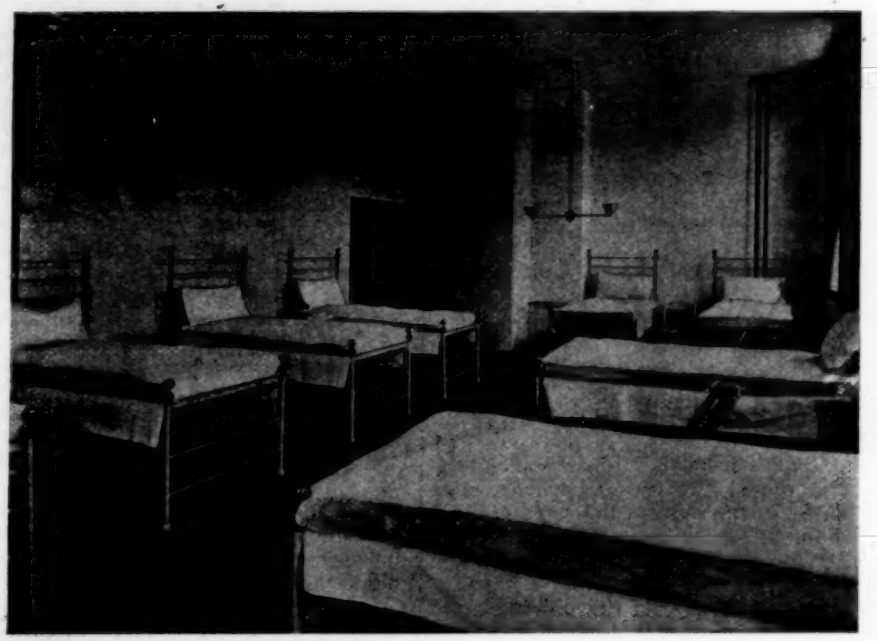
In the third case of tumor affecting the neck: While I am not by any means prepared to say that this is not a sarcoma, I have some doubts about it. The duration of the growth—eleven years—and the situation of it, would lead me to suspect that it may be a sloughing fibroid, the ordinary wen of the neck so common in this situation. It cuts very hard, not like sarcomatous tissue, and I would not be surprised if the microscope should prove the growth to be fibroid rather than sarcoma. Of course it may have started as a fibroid, which is not unlikely in view of its slow development, and within the last year undergone retrogressive or sarcomatous change. Such changes are however, by no means so frequent as formerly taught, and instances of benign growths undergoing malignant change are unquestionably rare. Raymond Johnson has given much attention to thls subject.

Dr. W. H. Wathen: I can add nothing to what has been said by Dr. Roberts in reporting the three interesting cases, and in the able discussion by Dr. Rodman, in reference to the operations which were performed; there can be no doubt that operative interference was called for, and the results were good. The only question that I wish to refer to is the use of the buried suture. I was one of the first persons in this city who began the use of the buried suture in abdominal work for closing the abdominal incision, and I may say that I do not use the buried suture now as frequently as I formerly did, because the results were not what I wanted. I used the kangaroo tendon prepared very hard, and it did not retain its integrity as long as reported by Dr. Rodman. I also found difficulty in preventing suppuration, either because the kangaroo tendon was not aseptic, or the operation in some way was not aseptic; finally I concluded that possibly some of the bad results I had were because of strangulation of tissue resulting from the suture being more tense at one point than the other, thereby destroying the resisting powers of the tissue to any form of pathogenic bacteria or spores that might exist; I then began the use of interrupted sutures buried, with better results, because the pressure was even, and in the event vomiting occurred it should not make the pressure irregular at any particular point, as each suture was independent of another.

I operated four months ago for the radical cure of a large ventral hernia that had followed laparotomy, and when the work was all done excepting closure of the wound, I found it was impossible to get anything like permanent results unless I buried sutures that would remain in the tissue a long while, and not having confidence in the staying qualities of either catgut or kangaroo tendon, I concluded to use the silk worm gut. Dr. Rodman was present at the operation. The wound was very long, and I probably buried as many as ten or twelve sutures, and I have been delighted with the result. There has been no suppuration, the wound healed in every way perfectly, and the sutures I feel sure will add very greatly to the permanent result of this operation; and while I would not bury the silk worm gut suture in operating for an inguinal hernia if I expected the patient to wear a truss, I would not hesitate to bury it in any wound where there was

to be no pressure upon it. It is a suture that will not do to bury in perineal operations, and a few weeks ago I removed on two consecutive days sutures that had been buried in operations upon the perineum. One case was a woman upon whom I had operated five years ago with a perfect result, but since that time the patient has frequently suffered with pain in the region of the perineum, the sensation being as if something was sticking her. I cut down and took out two or three sutures; there was no suppuration. The other case was one operated upon last year at the Norton Infirmary by another surgeon, and in that case I took out two sutures; there was a suppurative sac around the sutures.

Dr. W. L. Rodman: As to the question of the abiding qualities of the kangaroo tendon: Ballance and Edmonds, in their great work on ligation in continuity, I think, have settled that question beyond the peradventure of a doubt. They state after numerous experiments where vessels of various sizes were tied with different qualities of kangaroo tendon, that it was usually found in the tissues after the expiration of ninety days. I think the question can be looked upon as absolutely settled.



THE OBSTETRIC WARD.

HAHNEMANN MATERNITY.

THE evening of Tuesday, December 18th, was a red letter day in the history of the Hahnemann Hospital. The new Maternity Building, covering the entire space north of the hospital, in the erection of which every attention had been given to the scientific and practical adaptation of every department, in all their details to the great work for which they were constructed, was dedicated with simple but very interesting services. The hundreds of guests wandered through the building, admiring the beauty and comfort of the private rooms, the diet kitchen, wards, obstetric rooms, parlors and nurses' apartments, and at eight o'clock gathered upon the lower floor, filling the large children's ward, the halls and all the rooms. The picture was exceedingly beautiful and impressive. Standing in front of the door of the children's ward, which had been festooned with evergreens, and in which were seated the ladies of the organization, stood the venerable and white-haired President, the Hon. Hiram Calkins, while on the stairs at the left were grouped the nurses, with their simple but artistic uniform, with the Superintendent, Miss Betts, seated at their head.

"We have assembled here to-night," said the President, Mr. Calkins, "for the purpose of celebrating the completion and opening of this building. In accordance with the Divine admonition, 'Except the Lord build the house they labor in vain that build it,' thus admonishing us that it is our duty to ask Divine blessing on this building and Divine aid in the charitable work to be conducted within its walls, the Rev. Dr. Morgan will invoke the Divine blessing."

The Rev. D. Parker Morgan, of the Church of the Heavenly Rest, read the 121st Psalm and repeated the Lord's Prayer, which was joined in by the people present, closing with the invocation. After music by the Liederkranz Quartette, the Rev. Dr. Charles L. Thompson, on being introduced by Mr. Calkins, said:

Mr. President, Ladies and Gentlemen:

I am glad to be here to-night. I respond very cheerfully to the invitation of the officers of this hospital to say a word at the opening of this building. It is always a great event when a hospital opens its doors to the great world, whose waves of suffering beat up and down all these crowded city streets. Mungo Parke, when he found what he supposed to be the sources of the Nile, bent his knees in adoration at the little fountain, which, according to his thought, enlarged and deepened and strengthened until it became the mighty river Nile.

If you and I could have a vision down through the years, and through the centuries to come, and see the streams of blessing that shall go out from this place, from this building, to cheer and comfort the hearts of people along life's wilderness-way, I am sure we would feel the profoundest reverence for the place where we stand. You have called a minister here to-night to speak these words of greeting and to express somewhat the joy which the friends of this institution feel, and I am sure that a minister should have a place in a programme of this kind, because of the very close alliance between the work which is represented here and the work which we as ministers are called upon to do.

The first hospital that ever was opened was opened on the shores of the Sea of Gallilee. Blue sky was the dome of that pavilion, and the Master himself went about from one sick one to another ministering grace and healing as only He could do; and ever since that time hospitals have been closely identified with the progress and the growth of the Christian religion. You will scarcely find them elsewhere except along that path upon which the Sun of Righteousness shines through the ages.

You know it was the habit of the old Romans, even in the better days of their civilization, to accord to the well and strong that which was withheld from the weak, in order that their legions of strength might have an unhindered path to victory. The feeble and the old and the helpless were crowded out of the land, in order that the strong and the daring might have an unhindered course. That was applying with a vengeance the doctrine of the survival of the fittest; let the strong live, but let the weak suffer, let them go down if need be under the tread of the strong.

The genius of the gospel says: "Let the unfit survive, let that which is weak and lame and turned out of the way be taken care of, let its weakness be nourished back again to strength, let its lameness be conquered that it may walk out into the ways of usefulness; and the wanderer, let him be brought back again to the paths of peace and prosperity."

This is the genius of the gospel of Jesus Christ, and this is the philosophy that is represented by this institution and by every hospital founded and endowed by Christian beneficence.

My friends, I think we are coming to the time in the history of the world when our Christianity takes on a somewhat larger idea, and when we are no longer concerned merely with a remote eternity, but when we conceive the idea of Christianity to be good for both worlds, time as well as eternity, and for all there is in a man, body, mind and spirit, and that only that is the proper and right view of the scope of Christian doctrine and Christian life which thus takes into consideration the entire man.

And here it is that the efforts of Christian ministers and Christian doctors join hands and become indeed one ministry, because we have learned that you cannot very well save a man's mind unless you somewhat build up his body; that you cannot save his soul very well unless you have some tender regard for that body which for the present enshrines the soul and through which the soul finds expression.

And so we are broadening our Christian activities, no longer living the lives of our creeds in regard to spiritual and eternal things, but realizing that our religion means taking all there is in a man from the ground up, and that he must have a strong and sound body if he shall fairly and adequately express the strength of Christian sentiment and Christian hope.

My friends, what a beautiful illustration of the essential unity of the Christian world and Christian life may be presented in the gathering of Christian people to the support of an institution like this, across all the dividing lines of denominations, across those walls, which bless God, are becoming lower, so that we can not only shake hands across the walls, but somewhat easily pass over from the one side to the other. What a beautiful representation of the Christian unity and faith it is, when, as now, in all our cities, in the maintenance and conduct of all our great Christian institutions, such as are represented in this hospital, the hearts and hands of Christian people of all denominations find a magnificent field for their common sympathies and common activities.

The time has come when the Priest and the Levite and the Samaritan, all three together, shall bend over the sick man, not one of them passing him by, and the man's claim to be indeed a follower of the Lord Jesus Christ shall be measured somewhat by his willingness to stoop over the sick and to pick up and help that which is weak and carry it along until it is nourished into strength.

I am sure I am not expected to say many words to you, since the heartiness of speech never can be very well measured by its length. I beg you therefore to accept my hearty good will for this institution, whose progress, exhibited especially in the growth of this building, I have watched, with which on my first coming to the city I became somewhat acquainted through my nearness to one whose heart was so large in this institution and who, in the same church, grew very near to me until the Master called him from hospital and church interests below to the land where the inhabitants never say "We are sick"—I say by this bond of a very near friendship I have felt a great nearness to this institution, and I rejoice with you all in the enlarged facilities here represented for carrying on the great work, which I am sure is destined to be carried on for the time to come. In a crowded population like ours, the very compactness of whose crowd means increase of misery and

suffering, we cannot overdo the work which is represented in this institution; and only as we shall be alert and self-sacrificing and diligent to the last degree, will our Christian institutions of this sort be able at all to keep up with the ever-increasing demands of this ever-growing, this ever-restless and ever-suffering City of New York.

God bless this institution and all these efforts, and give you here that courage and faith essential to its success. What is that old legendary story that comes to me now? of the one who in lowly ministry bent over the leper's bed, and one day found the leper's pillow pressed by the thorn-touched temples of the Lord Jesus, and the ministering one recognized that in ministering to that which was lowest and saddest and most miserable, the ministry had indeed been done to the Lord Jesus Christ himself; and let this be written, if not above your portals, at least always on your hearts, "Inasmuch as ye have done it unto one of the least of these, ye have done it unto Me."

ONE OF PRIVATE ROOMS FOR PATIENTS.

LADIES' AID ASSOCIATION.

MR. CALKINS: There is one important factor in our hospital work, about which nothing has been as yet said. I refer to the Ladies' Aid Association and those women connected with it, who have labored with such zeal and energy for the success of the Hahnemann Hospital. If those present will turn to page twelve of our annual report for this year, they will see a list of endowed beds, with names of donors amounting to no small sum, nearly all of which has been secured by the efforts of the ladies of that association. There is in fact but two endowed beds in the list, of which there is a shadow of doubt about the ladies being instrumental in securing the endowment. The two names I will not mention here; if I do, some one may present the evidence that the ladies secured those also, leaving the Trustees in the position of not securing the endowment of one bed. The efforts of these zealous women have not been confined to that alone, they have worked for any and all purposes where funds are required to advance the interests of the hospital, or add to the comforts of the patients. In great patience, with untiring industry, they have worked on, sometimes amidst great discouragement. They have never been known to put forth the claim that the funds raised by them or contributed by their friends, was their private property, but cheerfully turned it over to the hospital to be used for its benefit. Gen. Howard Carroll will now address you in behalf of the earnest workers of that association.

ADDRESS OF GENERAL HOWARD CARROLL.

Mr. Calkins has said to me in a private way that he would like me to say something about the efforts of the ladies of this association. It seems to me that would be the full text of the whole undertaking as far as this wing of it is concerned, and that no mention of any part of it would be complete until one had first spoken of that tireless woman, that good Samaritan beyond compare, who forgetting her own ailments, and living only for those she desires to serve, has done so much, achieved so much, for this institution. Naturally I speak of Mrs. Stout.

The ladies of any institution, the women of any community—what text more ennobling, what word grander! A recent critic of our municipality and

of our nation, a gentleman who has evidently given more attention to our affairs than the usual stroller of foreign lands who comes to our shores, in a book called "The American Commonwealth," has declared that we have achieved and solved all the problems of universal government, popular self-government, except that of knowing how to govern large cities. And if the stranger within our gates took for his text only the statements which he finds in the newspapers of the city of New York, then indeed might this critic's verdict in regard to us be taken as a just one; because, as you all know, just now every paper and every publication which we have is filled (necessarily so perhaps by recent exposures) with defamation of this fair city of ours; filled, as I said before, possibly truthfully, with statements that we are almost beneath contempt. But while those things may be true, I would like if the author of "The American Commonwealth" were here, so that we might draw his attention to the fact that fair New York is not alone or unique among corporations; that in the "Third Empire," Baron Haussmann, during the reconstruction of Paris, with his followers, was villified—not villified, but truthfully charged with as much as our Tweed was in this city, and that even of modern London much criticism has been made of recent years as to its municipal affairs.

Our police force just now is the target for greatest censure, and still though that system of corruption and wickedness has brought forth thievery, knavery and blackmail, and though we all bow our heads in shame because of the crimes which have been committed in the name of the guardians of the peace, we must not forget that while other countries and other cities have been trembling because of the assaults of anarchists and outlaws, we have rested securely in this City of New York in the knowledge and discipline of our police force. So that it is not all bad in New York; so that while others may find fault with us, we in our own households, we in our own families should stand steadfast and strong and believe in ourselves, and not bow to the statement that grand New York is going to the dogs.

Any man who can find such institutions as these, not isolated, not singular, not alone, but spread all over this great municipality—any man who can find these things as we find them cannot despair for the grandeur of our city and the future prosperity of those who live within its walls.

I am not one of those who believe in the decay of modern institutions; I am not one of those who believe in decrying everything which is of New York. I believe rather that we should stand firm together and show the world that, though we may have corruption in our midst, yet we have strength and will enough, courage and greatness enough in our own citizenship to root out of our body politic that which is corrupt within it. And Mr. President, foremost and first in this achievement must be not any political party, must be not any clique of men. If we are to have a betterment in our municipality, that betterment must come from the stern, faithful, honest work of the homes of New York. It must be evolved from the inner consciousness of the people of New York. It must come from the moral sense of the people of New York, and it must always be guided, helped, cheered and carried on by that loveliest band of people that was ever known, the women of New York.

There was an old Irish adage, that it was the man's duty to provide the house and the woman's duty to make that house a happy one. I think in some respects we have done better even than the people of that green isle from which my ancestors came; because here in New York, and especially in this Hahnemann Hospital Association, we have amalgamated and united the husband and the wife. When the Hahnemann Hospital, with shrewdness and good sense, was looking about for some sweet maid to woo and to win, the Hahnemann Hospital found waiting a rosy-cheeked maiden, lithe of limb and full of energy, full also of dash and nerve and not without a dower, and if I must confess it, warranted by one of the members of the Executive Board, not altogether unwilling to be wooed and won. And it was this combination of a desire on the part of the great Hahnemann and a responsive chord in the heart of the Maternity, which, I think, resulted in this very happy union.

The Maternity child, if I may so call it—the Western Dispensary child, was born one very cold night in 1869 in the home of that sweet lady, faithful wife and lovely mother, Mrs. Egbert Guernsey. Coming home from one of those nights of toil which only a self-sacrificing physician can know, Egbert Guernsey, then a younger man than he is now, found one of his assistants, Dr. Hamilton Rickaby, dilating to his wife upon the trials and difficulties, the hunger and poverty, and the winter cold of those who were outcast and without friendship and without love; and her warm heart had been so enkindled by this statement of the young doctor, that her husband, coming himself out of the cheerless night into the home which welcomed him, was at once enlisted by this sympathetic appeal. That was the birth of the Western Dispensary.

Through all the years during which I followed that loyal gentleman, that unselfish physician and that dearest and best of friends, Dr. Guernsey has continued with his wife and his devoted daughter to work in season and out of season for the success of that little project which has now developed into this grand scheme. The tiny baby then born has gone on and flourished to a lovely maturity, and as I said to you a moment ago, was wooed and won by the Hahnemann Hospital. Happy marriage! Happy beyond compare, because so seldom are marriages happy in this life of ours, only happy when the couple are well mated; and ladies and gentlemen, you will all agree with me when I say that this couple has been well mated indeed.

So that, on behalf of the ladies of that omnipotent Executive Board, to which I always bow, I beg to say that I believe that in the view which I have last expressed, this tablet was placed in this building, "The Egbert Guernsey Maternity and Childrens' Ward of the Hahnemann Hospital;

erected A. D. 1893, in loving recognition of Dr. and Mrs. Egbert Guernsey, through whose long continued and unselfish efforts this charity has been founded."

You of the older institution, who have not absorbed us, but you to whom we lovingly cling as the stronger and the greater, accept our fealty, accept our loyalty, believe that we are devoted to you; and I think you will join with me when I pray (not in that lovely way that ministers can, but in the commoner, secular way that men do pray,) that this building so erected may long stand a monument to purity of purpose, unselfishness of design, and energy of will, and to the universal manhood and womanhood of the great municipality of New York.

MR. CALKINS: The last speaker, Mr. Carroll, has referred to the wooing and the marriage of the Hahnemann Hospital and the Western Dispensary; a few historical facts will tell you when all this took place, and the results of the union.

The Hahnemann Hospital was incorporated in October, 1869, under the general laws of the State for the organization of charitable and benevolent societies. Immediately thereafter it rented a house at 307 East 55th Street, and there opened a hospital which it conducted for about three years. Its first president was Hon. George C. Barrett, now one of the Justices of the Supreme Court. In 1870 the Hahnemann Hospital corporation secured the lease from the city of ten lots for the term of ninety-nine years, on the site where the present Hospital is located.

In 1875 an act was passed by the Legislature consolidating or merging the New York Homœopathic Surgical Hospital, which was incorporated by a special act in 1872, and the New York Homœopathic Hospital for Women and Children, which had been organized under the general laws in the fall of 1874, with the Hahnemann Hospital, and transferring all the property of those two organizations to the latter.

Soon after this consolidation a hospital was opened in West 54th Street, where patients were received and treated for two years or more. With the aid of the combined funds received by this consolidation, the liberal contributions of the patrons of Homœopathy and a large sum raised at a fair, the construction of the Hahnemann Hospital on its lots was commenced in 1876, the main building completed and opened for the reception of patients in October, 1878. It was subsequently enlarged, first by an annex on the east end, later, by the construction of a cottage for a special class of surgical cases. That cottage is now used for the Out-Door Department, where a large number of the sick poor daily receive treatment and obtain relief. It is not necessary here to refer to the success of the Hospital in relieving the sick, nor of its gradually increasing usefulness.

In the fall of 1889, propositions were discussed with the Western Dispensary for the consolidation and the uniting of its interests with the Hahnemann Hospital. The terms of this union were finally agreed upon, and an act was passed by the Legislature of 1892, authorizing the consolidation of the two corporations by the merging of the Western Dispensary into the Hahnemann Hospital, and the transfer and conveyance of all the property of the former to the latter, upon the execution of the merger agreement by the two corporations.

That agreement was, in pursuance of that act, entered into by the two boards of directors and executed on the last of June, 1892, by the officers thereof. From that date the Western Dispensary corporation was dissolved and ceased to exist. By the terms of the agreement a Maternity building was to be erected by the Hahnemann Hospital on the lots on the east side of Park Avenue, to be devoted to Maternity cases, with a children's ward and a training school for nurses.

In July, 1893, the construction of the Maternity building was commenced, and, when completed in all its details, including the new boiler and boiler house, will cost about $68,000, not including the furniture and furnishing of the rooms, nor the value of the lots. Of the amount thus expended there was transferred to the Hahnemann Hospital by the Western Dispensary, at the time of the consolidation, the sum of $33,805.09, to which must be added a bequest of $5,000 to the Western Dispensary by Mrs. Robert L. Stuart, which was subsequently received, making a total of $38,805.09 received from that organization towards the erection of the Maternity building. The success of the Western Dispensary, from which this large sum has been received, was largely due to the efforts and devotion of Dr. and Mrs. Egbert Guernsey. The tablet erected in the hall of the Maternity Building by the Hahnemann Hospital marks our appreciation of these earnest workers, whose names it bears for all time.

This addition to the Hospital is now to be opened for the reception of patients, and is receiving the united and cordial support of the friends and patrons of the late Western Dispensary and of the present Hahnemann Hospital. We trust that it will meet with the favor and generous support of the public—a support that the managers of the Hahnemann Hospital are determined that it shall justly merit and honestly deserve.

There are no mortgages or liens upon our property, and no debts on account of the current expenses for the maintenance of the Hospital, but the erection of the Maternity Building, with wards and beds for free patients, enlarges our work and will add to our expenses, for which additional funds will be needed.

The addition to our heating plant in the erection of a new boiler and boiler-house, found essential to properly heat our enlarged building, has more than exhausted our construction fund, and will necessitate the raising of about $6,000 to meet the final payments for construction work. None of the funds for endowed beds can be used for this purpose.

The training-school for nurses is ready to begin its work of instruction, and several of the pupils are already here.

The children's ward will be in operation in a few days, and any one knowing a worthy case can

apply for a bed to the Executive Committee of the Ladies Association, who are very anxious that this department shall be made as useful as possible.

The Hahnemann Hospital has done very little "begging" in the past, but has accomplished a great deal of good work. With the addition of the Maternity and Training School, its expenses must naturally increase; it therefore feels warranted in appealing to the public for aid in carrying on this new work, which is intended to help any needy one in the hour of suffering, without regard to circumstances, creed or nationality. Do not let us ask in vain, but come and help us to help others. Even the widow's mite will be gratefully received.

CORRESPONDENCE.

TESTIMONIAL TO SIR JOSEPH LISTER.

To the Editors of the NEW YORK MEDICAL TIMES:

Dear Sirs: Sir Joseph Lister having recently retired from active hospital and teaching work, the occasion has been thought appropriate for presenting him with a testimonial of the esteem in which he is held by his former colleagues and pupils, and committees have, therefore, been formed in Glasgow, Edinburgh and London for the purpose of raising the necessary funds.

It is proposed that the testimonial shall take the form of a portrait. Subscriptions have been limited to two guineas, and it is hoped that sufficient funds will be collected to permit of some memento of the occasion being presented to each subscriber of that amount.

As there are probably many surgeons in the United States who may wish to join in the movement, but whose names and exact addresses it has been difficult to ascertain, I should be glad if you would permit me to state that subscriptions may be sent to me at 29 Weymouth Street, Portland Place, London, W., England, or to one or other of the following gentlemen, who have kindly consented to act as treasurers, viz.: Dr. James Finlayson, 4 Woodside Place, Glasgow, Scotland; Prof. Chiene, 26 Charlotte Square, Edinburgh, Scotland; Prof. William Rose, 17 Harley Street, London, W., England; Dr. Malloch, 124 James Street, South, Hamilton, Ontario, or J. Stewart, M. B., 37 South Street, Halifax, Nova Scotia.

I have the honor to remain, sirs,

Yours faithfully,

J. FRED'K W. SILK, *Honorary Sec'y*,

P. S.—Two guineas are about $10.23.

WHEN ALL THE WOODS ARE GREEN.*

It is a wise precaution of the publishers to state on the title page that "When All The Woods Are Green" is a novel, to avoid misconception, else the reviewer would be at a loss in his attempt at classification. The average reader would hesitate to call it a novel. It is neither a romance, nor a philosophical essay, nor a dissertation on ethics, nor is it entirely a description of salmon fishing, but it is a combination of the qualities, highly attenuated, of all these, added to which is the faithful report of the conversational bouts of the Lindsay family, whose talk reminds one of Tennyson's immortal "Brook," inasmuch as it seems likely to "go on forever."

"Characteristics," on the other hand, is the narrative of the friendship and companionship of four men of agreeable personality and distinct individuality; with a *soupçon* of romancing thrown in as a sop to the novel-reading public. "When All The Woods Are Green" relates the experience of a bright family during a sojourn in the Canadian woods in the salmon fishing season, with incidental descriptions of salmon killing, and occasional hints at romancing.

Dr. Mitchell has made a trial at writing a novel in which all the characters are clever, and who seem to use their friends as a target for their bright thoughts. The atmosphere of such a family might be found too stimulating. Imagine taking philosophy and ethics with coffee at breakfast, imbibing Marcus Aurelius with tea and marmalade, and sipping soup flavored with the lore of Persian poets—among people not altogether uncommon!

The author says through one of his mouthpieces that "quotations are mean admissions of our own incapacity of statement," and as if to prove that fact, fills his pages with quotations from known and unknown authors, till one feels as though his characters have not had a proper chance in this world, their opportunities for practical life having been wasted in digging amid the dust of ages for gems of forgotten lore.

His descriptions of salmon fishing are interesting, and he is careful to clap "a soothing poultice on the soul" of sensitive femininity by demonstrating that fish cannot be said to suffer pain, that "as we go lower down the scale of life there is less and less of what we call pain."

Yet of pain there is enough in his pages, for one of the characters is a woman whose suffering seems to be severe and constant; one who is supposed never to make mention of the fact; who goes through life with a curious assortment of varying smiles while serenely confronting the dread destroyer; yet her name is never mentioned without the fact of her suffering being obtruded upon the reader, until one feels as if she had no right to be rusticating among the wilds of a Canadian forest.

Dr. Mitchell has written this novel on a plan of his own, a plan in which art and consistency are carefully ignored: (*vide* page 49, *et seq*;) "Aunt Anne was talking last night," said Rose, "about the value of nonsense. I think it was *apropos* of just the very worst conundrum you ever heard; you know what a lot of them the boys have. This one I made a solemn vow never to repeat. She was wondering why novelists never made people talk refreshing nonsense the way all really reasonable folks do sometimes."

"I wonder more, Rose, why they so rarely get really good talk into their conversations, talk such as we do hear, gay and grave by turns. Of course, they say of their characters things clever enough."

"That is terribly true; one tires of the endless essays about their people. Why not let them say of one another what is to be said? Aunt Anne says she hates to have a critical providence forever hovering about a story."

"A good deal of the personal talk in novels is needed to carry on the tale. Still, there ought to be room for doing this in a way to make the talk in itself amusing at times, and not merely coldly developmental of character."

"Wait till I write my novel," cried Rose. "Every one in it shall be clever; English clever. It hurts my sense of the reality of the people to be told they are able, or this and that, and have sense of humor, and then not to find these qualities in what they say."

"You may have too much of it," he returned. The mass of readers are unaccustomed to a selected world where to want to amuse and interest, and to be amused, is part, at least, of the social education. Your book would lack readers, just as George Meredith's books do, where, surely, the people talk enough, both of brilliant wisdom and as shining wit."

"But they keep me in a state of mental tension; I don't like that."

"No, I said there could be too much in a book, in a novel. These books keep one on the strain. That may suit some people, some moods; but it isn't what I read novels for."

Will the honorable gentleman rise and explain why he writes that sort of novels if he is unwilling to read them?

The author of this book has written many things to instruct and edify, but we feel constrained to say that novels are not to be found among them. D. A. G.

* A novel. By S. Weir Mitchell, M.D., LL.D. New York: The Century Co., 1894.

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IN accordance with the strongly expressed wishes of many of our subscribers and advertisers, we have changed the commencement of our volume from April to January for their greater convenience, and have also slightly lengthened the pages of THE TIMES. These changes we are confident will meet with general approval. The rapid changes going on in the medical profession, in scientific investigation, and in greater unity of action, are directly along the lines upon which THE TIMES has fought the great battle of reform and progress from its first issue to the present. These changes have led to greater freedom of thought, more independence of judgment and action, more reliance upon self as a protective power than of the banding together of societies and the iron links of codes of ethics, the very existence of which proclaimed individual weakness and a disgraceful slavery of ideas. This individual self-reliance has developed a higher manhood, a greater self-respect, leading to the trampling under foot a code of ethics in this State always disgraceful, provocative of tyranny and persecution, and retarding progress. It has often happened in medical matters as with the Puritans of old, who fled from their native land to the wilderness that they might have freedom of thought, to turn with the bitterness of a narrow-minded fanaticism or a startled business outlook, to a more relentless and disgraceful persecution in their own ranks and of their own members. But, thanks to a greater self-reliance, a broader and more liberal education, and more scientific methods in the details of investigation and grouping of facts, the pendulum is swinging less and less to extremes and moving in a more steady and even beat. The cause of this improvement is the general advance of knowledge in the profession itself, the habit of our American people of thinking for themselves, and reversing individual judgment when shown to be wrong. It was due to the rank and file of the profession itself far more than to would-be leaders in college lecture rooms to demand that increased efficiency furnished by preliminary education and clinical teaching, and enforced by State examinations. With that higher education in which the student was trained to think, to observe, to analyze, came that uplifting of our profession, that firmer grasp upon scientific truths and scientific methods which is teaching mutual respect and welding the links of a great profession into closer union and more united work.

It is a matter of honest pride and gratification to THE TIMES, in its two decades of honest work, which has always aimed to mete out justice to all, and to recognize and push forward truth and progress in the profession, that its work has not been in vain. Our outspoken independence, in which we dared tear aside some of the shams of our profession and hold up to the searching gaze of the world the naked truth, has not been without good results. We believe to-day the profession is better, and occupies a higher plane, for the work of THE TIMES. Our motto has been, Truth in all times and in all places, and our work has been honest, fearless, and yet at all times courteous and respectful to the honest opinions of others. No man can say that we have intentionally misrepresented him, and no man has been denied a respectful and courteous hearing in our columns. We have not always thought it wise to notice the intentional misrepresentation, the direct falsehoods and slanders which at times have been hurled at us, knowing that most of them, like the boomerang, would turn and smite the throwers, and deeming that the cause of truth could better be advanced by ignoring the attacks. Personal attacks upon us have generally been treated with silent contempt, but the great principles for which we contend have been and will be defended with all our strength. The question with us has always been more what is right than what is policy, which has led us to adopt a course which many of our friends, while they admitted its justice and its ultimate triumph, have felt was too long a step in advance of the times. They believed in slower progress, as awakening less antagonism. This country, with its enterprise and practical habits, has always been the great battleground of ideas, in which the scientific work

of all nations has been sifted and so moulded as to be utilized in practical use. The great truths promulgated by Hahnemann and his line of investigation in testing remedies have quickened the brain of the chemist, the botanist and the bacteriologist, and have given us a class of remedies which in preparation and in use are harmonizing the medical antagonisms of the profession, at least so far as therapeutics is concerned, and this country with its incisive thought, its progressive spirit, its quickness of action, is moulding into practical shape the ideas and advanced thought of the medical world. On this New Year let us all open wide the portals of our mind to that spirit of progress which, like a great tidal wave, is sweeping over the world. THE TIMES wishes to all a happy and a prosperous year.

IS there no help for the fat man or woman? Specific after specific is introduced to the public, only to be shown after a long trial to be no specific. The last to go is the much advertised phytolacca berry, whose anti-fat virtues Dr. Hale claims to have introduced to the public by observing the lean condition of birds who had fed on them. And now Dr. Botzell, an eminent ornithologist of Nazareth, comes to the front not only with his own opinion, but that of many other ornithologists, that birds grow fat on the phytolacca berries, and has found no instance in which the birds have grown thin after long feeding on them. Alas for obesity! Has science no remedy?

WE will not despair for the fertile imagination of typos and their habit of polishing and intensifying those thoughts which they put in readable type sometimes knocks the underpinning from science, makes the unknown probable, and the impossible possible. In our December issue we clipped from the exceedingly interesting address of Dr. Williamson, Dean of the Medical Department of the University of Minnesota, on the "Correct Development of Brain and Mind," an eloquent passage, closing with "When these methods are adopted then infant mortality will decrease; crime will disappear; preventive disease will be abolished; the practice of medicine will become less lucrative, and old age will be put down in our mortuary records as the most frequent cause of death." The compositor had devoted the previous evening to his usual occupation of reading the Latin and English classics, and with the rounded periods and polished diction of Addison fresh in his mind, proceeded to polish the language and strengthen the thought of the Dean of the University in the following graphic style: "When these methods are adopted, then infant mortality will disappear; premature diseases will be abolished; the practice of medicines will become less lucrative, and old age will be put down in our mortuary records as the most frequent cause." We think our readers will agree with us that the compositor, however good his intentions, has not in the least improved the original. But, after all, the greatest blunder was that of the editor in denominating the Dean professor of surgery, instead of giving him his true title, "Professor of Mental and Nervous Diseases." The qualifications of the former are, to a certain extent, mechanical, while those of the latter, in which our friend is taking such a prominent position, call for the highest order of intellectual ability.

THE reports which come to us from almost every civilized country show that the antitoxine treatment in diphtheria has come to stay, and that it is really an evolution of well attested scientific work. In Paris Roux' serum has lowered the mortality fifty per cent., and the Government has authorized its use in the army, while the cities of Lille and Havre have made appropriations for plants to produce the serum and carry on the work. The attention of the authorities in most of the large cities of Europe has been enlisted in the production of serum and its administration. An appropriation has been made by our Board of Estimate, of $30,000, to create a plant for the manufacture of the serum, and the *New York Herald* is raising a fund for the same purpose, which now amounts to several thousand dollars. A plant is also being established in Washington under the direction of the Marine Department. By next spring the amount of antitoxine will probably be sufficient to meet all demands, at a price which will place it within the means of all.

GOVERNOR MORTON has shown his tact and his appreciation of the dignity of his office, by surrounding himself with one of the most brilliant staffs ever selected by the executive of the State. In this selection, the Governor has been guided much less by party feeling and the favoritism of party leaders, than by the eminent fitness of each member for the position he is called upon to fill. It is to be hoped that no crisis will occur during the next three years in the affairs of the State to call for very active work on the part of the staff, but if such a crisis should occur, there will be no lack of energy or ability to meet it in the most direct manner, and there

certainly will be no lack of foresight in the proper prevention and preparation. General McAlpine will be virtually Commander of the National Guard, and his record as a soldier is a surety of his eminent fitness for that position. General Howard Carroll, the Chief of Artillery, was educated in that branch of the service in the great Military School of Germany, and is the son of General Carroll, who gave his life for his country on the battle field of Antietam. General M. O. Terry, the Surgeon-General, as Surgeon of Faxton Hospital, as Examining Surgeon of Pensions, and in a large private practice, has made for himself a brilliant record in his specialty in his profession. General Terry, in originality and ability, is second to none of the brilliant men who have preceded him in the office.

ANTIPYRINE has been used almost since its first introduction to the profession as a hemostatic in epistaxis, with marked success, a four per cent. solution being thrown into the nostrils as a spray, or applied upon a pledget of absorbent cotton. Now, the solution is used either as a spray or as a direct application upon any oozing surface. It is unirritating, and unlike those preparations which check the flow of blood by the formation of a clot, it constricts the blood vessels, so that the surface seems blanched, as if all the blood were pressed out. In tonsilitis and pharyngitis, when the pain shoots up into the ears and affects the swallowing, the spray checks the spasm, relieves the pain, and reduces the active congestion.

THE *Medical Arena* says: "The only reason for the existence of a Homœopathic College lies with the chair of Materia Medica, and it should be the duty of college authorities to have this chair filled by a party who is capable of teaching the most interesting and important facts connected with a Homœopathic course." This is sound advice, which Homœopathic colleges will do well to heed. Science is one thing, and gas and clap-trap another, and an intelligent public will soon learn to discriminate between them.

OUR old friend Dr. John A. Tonner (formerly surgeon United States army), ex-surgeon of Brazilian cruiser "Nictheroy," arrived at this port Christmas, from Rio Janeiro, bringing interesting intelligence from Brazil. Dr. Tonner was present at the inauguration of President Moraes, and a guest at the reception in the evening. He describes the President as being broad and liberal in his views, and believes his administration will be peaceful and prosperous. The sanitary condition of the city is excellent, very few cases of yellow fever being reported. The reported outbreak of cholera or cholerine took place at a small town about three hours' ride from Rio Janeiro. Prompt measurers were taken to stop the spread of the disease. Twenty cases of the disease were reported, of which all but three recovered, including a Chinese immigrant, who was suspected of having first brought the disease from the South. Dr. Tonner was offered a high position in the navy, but as its acceptance necessitated his becoming a Brazilian citizen it was declined.

AT the request of the Commission in Lunacy, Dr. Austin Flint prepared, about two years ago, a dietary for the State hospitals for the insane, which, when submitted to the Superintendent, was found, in the light of expense and nutrition, to be so defective that a new dietary has been arranged, with very many important modifications. The fact that there is a general concensus of opinion among the superintendents as regards the character and quantity of rations furnished to the insane, is proof that experience is sometimes better than theory, even when it emanates from so distinguished a physiologist as Dr. Austin Flint, whose observation has been mostly limited to the laboratory and his own table.

A STERILIZATION STAMP.—Dr. H. Hocheegy, in a recent number of the *Wiener Klinische Wochenschrift*, describes a method whereby he can assure himself that articles of dressing have been sterilized. He uses yellowish-brown marking fluid, which has the property of becoming bright red on exposure to the temperature of boiling water. If the sterilization is complete, the yellow spots with which the dressing has been marked become red. The coloring matter consists of one hundred and fifty parts of a solution of aluminum acetate, one hundred and fifty parts of water, and five parts of a twenty-one per cent. alizarine paste.

SUES THE HERING COLLEGE.

Vincent W. Brown, a medical student, and son of Dr. C. O. Brown, pastor of the First Congregational Church of San Francisco, Cal., says the Chicago *Tribune*, is suing the Hering Medical College for $5,000 damages in the Circuit Court. Brown alleges he was induced to leave San Francisco and join Hering College by C. H. Allen, Dean of the latter institution, who, as an inducement, promised Brown a lucrative position in Chicago University during his medical studies. Dean Allen, Brown says, has failed to keep his promises.

Porous glass is being introduced into the windows of the hospitals in Paris, the minute holes, while they admit of ventilation, being too fine to create a draft.

BIBLIOGRAPHICAL.

FREDERICK STEARNS & Co., Detroit, have issued an exhaustive monograph on kola, the African nut, which is creating an unusual amount of interest in scientific circles on account of its tonic action upon the muscular system. The accounts given of its wonderful powers in supporting strength, by preventing the too rapid decomposition and consequent waste, are well attested by truthful observers. Messrs. Stearns & Co. were the first to bring the peculiar qualities of these nuts to the attention of the medical profession.

WE regret to learn through the publisher, George S. Davis, Detroit, Mich., that the publication of the *Index Medicus* will be suspended unless an additional 500 subscribers are speedily obtained. The character of this work, and its great importance to every teacher and author is too well known to need explanation. The fact that through the Surgeon General's office at Washington, the titles of all the articles in the medical periodical literature in the world are given, with the names of the authors, from month to month, places the medical literature of the world, properly indexed, within the reach of every one. The subscription price is ten dollars a year.

TEXT-BOOK OF ABDOMINAL SURGERY: A Clinical Manual for Practitioners and Students. By Skene Keith, F. R. C. S., Ed., assisted by George E. Keith, M. B., C. M. With illustrations. Philadelphia: J. B. Lippincott Company, 1894. Octavo, pp. 508, $4.50.

This volume shows the present state of the art of surgery, as applied to the abdomen. The work is not a mere compilation, but is based upon a large individual experience with Dr. Thomas Keith, whose results in this department of surgery have been pronounced "phenomenal." The authors say that they have seen the abdomen opened by nearly one hundred different operators, consequently they must be excellent authority upon the subject of which they treat.

THE DISEASES OF CHILDREN AND THEIR HOMŒOPATHIC TREATMENT. A text book for students, colleges and practitioners. By Robert N. Tooker, M. D., Professor of Diseases of Children in the Chicago Homœopathic Medical College, etc., etc. Chicago: Gross & Delbridge, 1895; pp. 813, octavo.

It has been the aim of the author to set forth in as concise a manner as possible, the present knowledge of the subject of which he treats, and adapt it for treatment to the school of practice which he represents. His text is clearly but voluminously written, and easy to read and understand.

The author has had a large clinical as well as teaching experience; consequently his work is eminently practical, and will no doubt be appreciated by those who require a book of this class.

The publishers have done their part to make the physical portion as perfect as possible.

A MANUAL OF SURGERY, General and Operative. By John Chalmers Dacosta, M. D., Demonstrator of Surgery, Jefferson Medical College; Chief Assistant, Surgical Out-patient Department, Jefferson Medical College Hospital; Surgical Registrar, Philadelphia Hospital. Octavo, pp. 809, with 188 illustrations in the text, and 13 full-page plates in colors and tints, aggregating 276 separate figures. Philadelphia: W. B. Saunders, 1894. Price, cloth, $2.50 net.

A new manual of the principles and practice of surgery, intended to meet the growing demand by students and others for a medium sized work that will concisely embody all the newer methods of procedure so fully detailed in the larger text-books.

Considerable space is devoted to surgical bacteriology, asepsis and antisepsis, with full details of the various methods of disinfecting instruments, the hands, etc., as well as the preparation of the various drugs and materials used. The illustrations are mostly new, the long and close connection of the author with the Jefferson Medical College Hospital having given him unusual opportunities for obtaining original and thoroughly representative plates. The book is of a handy and convenient size, printed on fine paper, and substantially bound.

A SYNOPSIS OF THE PRACTICE OF MEDICINE: For Practitioners and Stndents. By William Blair Stewart, A. M., M. D., Lecturer on Therapeutics; Late Instructor on Practice of Medicine in the Medico-Chirurgical College of Philadelphia; Demonstrator in the Philadelphia School of Anatomy, etc. One large octavo volume, about 434 pages, cloth, $2.75. E. B. Treat, publisher: New York.

This work has been undertaken, after several years of experience by the author as instructor on the subject of the practice of medicine, his purpose being to prepare and present to the profession a brief synopsis of the subject, not with the view of replacing the expensive and elaborate publications, but to give to the busy practitioner and student, at a small cost, concise and accurate descriptions which will suggest outlines and practical thoughts upon etiology, symptomology, pathology, diagnosis, prognosis and treatment. The author has used every endeavor to obtain the best material from every reliable source. All of the prominent authorities in the recently issued text-books and systems, also the current medical literature, have been laid under contribution, and the most approved methods of treatment have been given prominence. Many drugs and methods have not been considered at length, not on account of their inutility, but from the fact that better forms of treatment have taken their place.

OBSTETRIC SURGERY. By Egbert H. Grandin, M.D., and George W. Jarman, M.D., with eighty-four illustrations in the text and fifteen photographic plates. Philadelphia: The F. A. Davis Co., publishers.

The authors, as surgeons of the New York Maternity Hospital, and as gynæcologists to the French and Cancer Hospitals, have had exceptional facilities for the work they have undertaken, which is unsurpassed in the practical character of its teachings by any work ever issued from the medical press. The authors have given us facts, leaving theories, and the steps leading up to them, to more voluminous works. The illustrations have been prepared and selected with the special end in view of teaching graphically. The works of Barnes, Charpentier, Lusk, Cazeaux and Oscar Schaffer have furnished many of the wood cuts, while the photographic plates have been prepared from nature, under the personal supervision of the authors. All the subjects connected with obstetrics are carefully discussed and illustrated, including obstetric asepsis and antisepsis; obstetric dystoria and its determination; artificial abortion and the induction of premature labor; the forceps; version; symphysiotomy; the Cæsarian section; embryotomy; the surgery of the perineum and ectopic gestation.

The old operation of symphsiotomy, which was never popular, and in our student days ridiculed as being utterly useless, has been revived within the past few years, and found to yield very excellent results, as may be readily seen by the author's experiments on the cadaver. When the pubic symphysis is cut and the knees of the cadaver are separated, the pubic bones diverge, without inflicting damage on the sacro-iliac joints, to the extent of two and three-fourths to three inches. Into the opening formed in front the presenting part of the fœtus may enter. The true conjugate increases to the extent of from one-fourth to one-half an inch, and the transverse and oblique diameters gain from three-fourths to one and a half inches. It is at once apparent how with a fœtus of average size, this operation enables delivery to be accomplished without

mutilation of the fœtus, and in cases when otherwise we should have to resort to the Cæsarian section. The indications for and the technique of the operation are clearly given.

THE PRACTICE OF MEDICINE. By Wm. C. Goodno, M. D., Professor of Practice of Medicine in the Hahnemann Medical College of Philadelphia; Physician to the Hahnemann Hospital, Philadelphia. With sections on Diseases of the Nervous System, by Clarence Bartlett, M. D., Lecturer on Nervous and Mental Diseases in the Hahnemann Medical College of Philadelphia; Senior Neurologist to the Hahnemann Hospital, etc. Vol. I.—Specific Infectious Diseases and Diseases of the Nervous System. Large octavo, pp. 962. Cloth, $6.00 per volume. Philadelphia: Hahnemann Press, 1894.

In the preface the author says that, in the preparation of this work, he has endeavored to write from a thoroughly practical standpoint, and from appearances he has done it. In the therapeutic sections, the aim has been to consider the relationship of medicines to disease conditions, especially from the standpoint of clinical experience, which must always prove the ultimate test of the value of any remedy. This treatment of the subject avoids certain objectionable methods of the past, particularly the introduction of large numbers of symptoms from the materia medica upon theoretical grounds only, and the failure to indicate the relative clinical value of medicines. The sections upon therapeutics contained in a work upon the practice of medicine, the author says, are not of sufficient magnitude to permit of the inclusion of extensive discussions in special therapeutics, or the introduction of the materia medica bodily. Auxiliary methods of treatment have not been omitted, since a complete guide to practice must include all important therapeutic measures, even if infrequently employed.

The preparation of the section treating of diseases of the nervous system has been contributed by Dr. Clarence Bartlett, who has presented the subject most satisfactorily. Dr. Bartlett has also rendered valuable assistance in the collection and elaboration of material for other portions of the work. The article upon syphilis, for instance, is entirely from his pen.

We are pleased to say that this work is the most novel, practical and readable of any of its class, and is thoroughly down to date. It is just what we should expect from so broad-minded an author.

The text is written in an easy and interesting style, every line teeming with information condensed to the utmost.

The work will certainly fill a wide field which has been barren before, therefore we suggest that our readers obtain the book and see for themselves that our encomiums are justified.

BAPTIST HOSPITAL CHANGES PLANS.

The Chicago *Tribune* announces that the Baptist hospital of that city, heretofore, according to its constitution, a Homœopathic institution, has abolished the restriction, and will hereafter be unsectarian so far as medical treatment is concerned. The world certainly moves, and we hope ere long all similar institutions will become equally liberal in this respect.

Dr. F——, a physician of Montpellier, France, says the *London Telegraph*, was in the habit of employing a very ingenious artifice. When he came to a town where he was not known he pretended to have lost his dog, and ordered the public crier to offer, with beat of drum, a reward of 25 louis to whoever should bring it to him. The crier took care to mention all the titles and academic honors of the doctor, as well as his place of residence. He soon became the talk of the town. "Do you know," says one, "that a famous physician has come here, a very clever fellow? He must be very rich, for he offers 25 louis for finding his dog." The dog was not found, but patients were.

SOCIETY REPORTS.

REPORT OF FRENCH SCIENTIFIC SOCIETIES.

ACADEMY OF MEDICINE.

President, M. Guerin.

Surgical Treatment of Biliary Lithiasis.—M. Galliard, physician to the hospitals, made a very interesting communication upon the surgical indications for treatment. We condense his observations as briefly as is consistent with their great practical value. He said: The cholelithic subjects for operation are not always affected with icterus. If the cystic apparatus is the sole cause, the icterus is not manifest. With the non-icteric patients, we place those who have only incomplete biliary retention. We would prominently place those who have icterus with discoloration of the fœcal matter, with obstruction of the ductus choledochus and complete biliary retention. In such the prognosis is of special gravity. I divide the cholelithic that are subjects for operation into two categories, first, the febrile; and second, those that are non-febrile. I shall not describe here the hypothermic, as I now declare hypothermy to be a surgical counter-indication. I propose to review the two conditions.

1st. The febrile.—In cholelithiasis, neither a febrile attack or a succession of them is sufficient to demand surgical intervention. We know that a hepatic colic is often accompanied with fever, which subsides as the pain is relieved, and for which salicylic acid internally, as an antiseptic, is the most rational treatment. As an indication for the operation, there should be, with the fever, the appearance of the general phenomena that characterize serious infection. Hence there are two prominent conditions to consider. There is a swelling, with or without icterus. The presence of a painful tumefaction of the cystic region, leads to the diagnosis of suppurative cholecystitis. This is often complicated with suppurative pericystitis, with encysted sub-hepatic peritonitis; indeed, with abscess of the liver. In such cases there is no time to be lost; prompt intervention is imperative. So that if in place of suppurative cholecystitis of calculous origin, one should encounter a streptococcic or coli-bacyllic cholecystitis without calculi, or a sub-hepatic abscess, or an abscess of the lower region of the liver, or even a suppurative antero-inferior hydatid cyst, there would be no reason to regret the commission of an error, for each one of these diseases would justify the most energetic surgical interference. There are certain operative counter-indications, such as general acute peritonitis, pylephlebitis, manifesting itself by ascites, septicæmic indications of the serous membranes and the viscera, arthritis, pleurisy, broncho-pneumonia, endocarditis, pericarditis, etc. What then, must be the mode of intervention? Explorative puncture should be condemned at once as a blind and dangerous operation. Laparotomy having been made, the gall bladder should be opened, to give issue to the pus and concretions, and kept open—cholecystotomy—so as to be accessible to antiseptic irrigation, and, if necessary, drainage of the surrounding suppurating cavities. Cholecystotomy should not be practised, if the absolute permeability of the choledochus canal is assured.

2d. Infectious icterus without tumefaction.—Here the danger arises from infectious angiocholitis, which would defy the efforts of the surgeon. He would not be authorized to interfere, unless the discoloration of the fœcal matter indicated obstruction of the choledochus, and then he should have recourse to the operations to be advised in apyretic subjects, but with a careful reservation of the prognosis.

3d. Apyretic subjects.—In such there is no urgency. The operation is suggested by one of two things, the intolerable pain or the threatening cachexia. In this category, examine well to see if the choledochus is permeable, with no biliary retention, or if retention exists. Where there is no obstruction, the vesicle simply irritable, intolerant in a nervous woman, and no appreciable anatomical lesions, perform cholecystotomy, with extirpation of calculi. In the same, with alteration of the walls of the vesicle, chol-

ecystectomy. Where the vesicle is dilated, hydropic with or without calculi, cholecystectomy. Calculi clogged in the cystic canal, or with cicatricial stenosis of the canal, cholecystectomy, with excision of the canal. In all these cases it is evidently useless to preserve the vesicle if deprived of its contractility, with no power to expel the bile. If cholecystectomy is impracticable, cholecystotomy must suffice. Where there is obstruction of the choledochus, the danger is from cholæmia, rather than the denutrition engendered by defective intestinal digestion, and the most important thing to be considered is whether the choledochus is obstructed by a calculus or by many sacculated calculi. Sometimes we can succeed in crushing these concretions without exposing them, but there is the risk of contusing seriously the canalicular parietes. Then it is preferable to incise the choledochus (choledochotomy) and extract the calculi (choledolithectomy), and then to suture the wound of the choledochus. It is easily understood that this operation is a delicate one, the choledochus being often difficult to find. Atrophied and sclerotic choledochotomy has, however, been frequently practised; successfully in twenty-one cases out of twenty-seven. The permeability of the canal must be assured. If there is retraction, and also a dilatation superiorly of the choledochus, then choledochoduodenostomy must be tried, a very difficult thing to do. It would be no longer a question of cholecystectomy, which would inevitably cause rapid cholemic poisoning. Two operations present themselves, viz.: cholecystostomy and cholecystenterostomy. On comparing the physiological and pathological results of these two operations, it will be seen that the first enfeebles the patient, by depriving the intestine of the biliary flow that is necessary to digestion. The second has the great inconvenience of exposing the biliary passages to putrid intestinal infection. I do not hesitate in giving the preference in cholelithiasis to the operation of cholecystotomy, by which the "tube de sûrete"—the canal of safety—of M. Ferrier, is preserved, and free passage given to both calculi and excrementitious matter. To counteract the debility resulting from the suppression of the intra-intestinal biliary flux, I would advise the administration to the patient that has undergone the operation of a sufficient quantity of ox gall, with the following precautions: I envelop the bolus of gall extract in salol, thus protecting it against gastric action, and it reaches the duodenum unimpaired, and is readily dissolved by contact with the pancreatic juice. Moreover, in cases where the loss of the bile has been attended with grave consequences, there is nothing to prevent the secondary operation of cholecystoduodenotomy or cholecystojejunostomy. Injections of ether, as a lithoutriptic remedy, have succeeded with M. Fontan, but their efficacy should not be relied upon too much. As counter indications against their use should be considered pregnancy, enormous hypertrophy of the liver and spleen, the hypothermy which reveals great displacement of the liver, with icterus, and also tuberculous, cardiac, diabetic, brightic and cancerous cachexiæ. When biliary retention is accompanied with ascites, we may diagnose cancer of the head of the pancreas. Analysis of the fœcal matter will furnish valuable evidences. I do not speak of the advanced age of the patients, for certain very old cholelithiasics were benefited by surgical treatment.

Dangers of the Bicycle.—M. Hallopeau read a paper relating to three cases of sudden death which had been reported by M. L. H. Petit, in which he arrived at very different conclusions from those of the author. They were as follows: In a person accustomed to the bicycle, its moderate use does not disturb the cardiac function. On the contrary, it is a useful respiratory exercise. It does not produce dyspnœa. In effect, M. Hallopeau contended that the increase in the number of respiratory movements is insignificant in a cyclist going at a moderate pace, is less than in walking, and the amplitude of the respiratory movements is notably augmented. The production of sudden death by this moderate use of the bicycle is of secondary importance and only occasional. The efforts made by bringing into play unusual muscular exercise, in moving rapidly or ascending heights, might perhaps be attended with danger. It is only in persons affected with aortic or mitral insufficiency that there should be absolute prohibition. There is no valid reason why the prudent use of the velocipede by the old should be considered dangerous. Besides its being a pleasure, this exercise has the advantage of promoting powerfully the functions of the skin and lungs, of exercising the muscles, increasing the appetite, facilitating digestion and stimulating nutrition generally. MM. Verneuil, Cadet de Gassicourt, Larrey and Guerin modified these conclusions in many respects. In their opinion, the bicycle should be interdicted in all cardiac affections without exception, and also to the old. M. Verneuil offered a resolution requiring physicians to report to the Academy their personal experiences upon this subject, and M. Bergeron added another, making it obligatory upon cyclists to submit themselves to a medical examination before being allowed to use the bicycle.

SURGICAL REVIEW.

Internal Prothesis by Means of Aluminum Splints in the Treatment of Pseudarthroses.—Aluminum insures perfect immobility of the bony fragments. The employment of internal prothesis consecutively to resection, and combined with indirect immobility and medical treatment, is indicated in all cases of pseudarthrosis, the coaptation of the osseous surfaces not being absolutely necessary, provided that the fragments are maintained in a perfect immobility. This method will avoid too great retraction of the limb. This treatment is also advisable in complicated and subcutaneous fractures in which the coaptation of the fragments is difficult to maintain, and is the best preventive treatment for pseudarthroses. The metal employed is solid, light and acceptable.

MM. Ramakers and Vincent cited an interesting case of plexiform neuroma which was successfully operated upon. Extirpation as complete as possible seems to be the only rational method. Plexiform neuroma may invade the neighboring structures, return after removal and undergo malignant degeneracy. Of twenty-nine cases of surgical intervention, there were five deaths—one from pyohæmia (Czerny); one from gangrene following disarticulation of the arm, with general sarcoma of the lungs; one of cerebro-spinal meningitis (Chavasse), in which there was a plexiform neuroma of the rachidian branches of the cervical nerves; one from chronic septicæmia (Arnozan); from œdema of the glottis (Ouvry).

Drainage of the Cerebral Ventricles.—According to M. Durand, this is perhaps applicable in certain cases of unilateral hydrocephalus, slight and of slow progress; rare cases. Few surgeons, however, would dare to undertake it in cases in which there is no urgency. Perhaps it might be practiced where the symptoms indicate a rapidly fatal termination, as is sometimes seen in chronic hydrocephalus and in certain secondary forms from a removable cause. As a last resort, it may be tried in acute hydrocephalus consecutive upon the cure of spina bifida. It would be prudent to employ repeated puncture, with moderate compression.

Treatment of Tumors by Electrolysis.—M. Darin has published a number of interesting cases, in which the employment of continuous currents has removed external tumors, also cases of angioma, hydrocele, hydarthrosis, hygroma, and the absorption of uterine fibroma, and a recent case of facial tumor, of probably papillomatous origin, cured by electrolytic applications.

FRENCH SOCIETY OF DERMATOLOGY AND SYPHILIGRAPHY.

Treatment of Syphilis by Mercurial Injection.—M. Augagneur: The multiplicity of mercurial substances employed, seems to be a proof of their insufficiency. From actual observation, syphilis is reduced to a certain number of conditions which yield to medical treatment; gastric medication is sufficient, and because of the accidents to which the practice of injections is exposed, it should be considered as an exceptional method. Among the immediate accidents may be enumerated pain, sometimes so intense as to produce syncope. Among the slower results, mercurial poisoning, with fatal results, has been observed. I have been struck by the slowness with which the injection is absorbed, whose vehicle is vaseline or lanoline, and

a painful nodule at the point of injection, which lasted for months.

M. Blascho: On employing injections of the salicylate of mercury in an emulsion of liquid paraffine, I have observed pulmonary complications, evidently due to fatty embolism. There's danger in employing this method, and there is still another danger, which is that in the publication of the fatal cases of poisoning; those in which serious intoxication occurs are not mentioned. This intoxication often continues when the doses are very weak, in sensitive subjects. As patients always suffer, and sometimes die in consequence of mercurial injections, and as they may be successfully treated by other methods, it seems that injections should not be employed in all cases of syphilis, without distinction. It is claimed that injections have a great rapidity of action, but in ordinary cases is that pretended superiority desirable? Relapses are not prevented more by them than by other processes. I consider frictions as far superior, and productive of a more regular impregnation than injections, and this boasted regularity of impregnation by injections does not seem to be demonstrated. It should, then, be an exceptional method, and might be employed, for example, in cerebral syphilis, when prompt action is necessary, or if friction has failed.

M. Stoukowenkoff, of Kiew: Mercury, when introduced into the system, is useful in preventing the culture of the microbe of syphilis, but it may have a hurtful action by determining the anæmia of syphilis. Its presence in the blood enfeebles the organism. The soluble salts are more rapidly absorbed, and their action is more intense than those that are insoluble. The absorption of fatty oil is slow, hence the necessity of injecting a larger dose, which produces a persistent mercurial deposit in the system, that continues to desseminate injurious mercurial action.

M. Thibierge gave the results obtained by him with injections of fatty oil, and they were much more rapid than by the usual internal treatment. He insisted upon the efficacy of insoluble mercurial preparations, and upon the few accidents occasioned by them, if employed in small doses and with aseptic precautions. In grave or rebellious syphilis, in which it is necessary to act promptly, injections of the insoluble salts are superior, but it is necessary to take care to make the method of treatment exclusive.

M. Jullien recognized three indications for this method: (1st.) The failure of other modes of treatment by mercurialization and the persistence of serious lesions. (2d.) The necessity for acting energetically. (3d.) The necessity for an intense impregnation. The formation of abscess is urged as an objection to the use of injections, but they are more and more rare as asepsis is observed. The persistence of nodules may produce accumulation, but we know that the zone around them prevents absorption. If the renal and hepatic functions are regularly performed, the dangers of catastrophe from the infection are avoided. A discussion followed of the advantages and disadvantages of the method, and indications were recognized which would justify it in certain cases, and in which it would render most valuable service.

M. Barthèlemy communicated his researches upon the treatment of blenorrhagia. He had not succeeded in aborting it, but added to the usual treatment certain antiseptic substances locally administered. In women he employed the nitrate of silver, one-thirtieth, with tampons of iodoform and the oil of resorcin. The catarrhal period that follows the purulent phase of the disease is the most difficult to cure. Electrolysis has very often produced good results.

M. Dubreuilt made a communication upon necrotic acne. The acne pilaris of Bazin, the acne frontalis or varioliform of Hebra, and the acne necrotica of Boeck are one and the same disease. Many varieties may be observed, from the large and deep lesions, which leave hollow cicatrices into which the point of the finger may be introduced, to those whose cicatrices are superficial, milliary, or which leave none at all. The last are very frequent, especially upon the face, where very abundant eruptions occur, with no cicatrices. At other times the disease is complicated with suppuration, or by the formation of impetiginous crusts. Considered anatomo-pathologically the disease consists of a superficial necrosis of the skin, due to local microbic causes, which may attack the epidermis only, or even a part of it; in such there is no cicatrix. Although the disease always begins at the orifice of a pilo-sebaceous follicle, the sebaceous gland and the deeper portions of the pilous follicle are only affected by the inflammatory reaction, which affects neither their vitality nor their structure. Necrotic acne should be distinguished from common pustular acne, from hydrosadenitis, and from the tertiary syphilides. The best treatment is by the sulphur pomade, composed of the following elements:

℞ Benzoin ointment ..... 30 grammes.
Soap of potash ..... } aa 5 "
Precip. sulphur ..... }
Perfume ..... q. s.

J. A. C.

A Method of Examining the Liver (*Norsk Magazin for Laegevidenskaben*, No. 12, 1893).—Dr. Lane describes a method of examining the liver which enables one to obtain results impossible in the ordinary dorsal position. The patient sits with his body well bent forward, and so supported that the abdominal walls are relaxed. The examining physician sits behind the patient, and places a hand around each of the patient's sides. In the position the anterior border, lower surface and gall-bladder may be explored with great ease. He has often seen cases where the objective symptoms were indistinct in the dorsal position, but by employing this method no difficulty was found in outlining the organ.

The Death Period Ascertained by Means of Cadaveric Insects.—The following is a brief analysis, communicated by the author to the Paris Academy of Medicine (*Rep. de Pharmacie*), of M. Megnin's recently published treatise on this subject:

A dead body, when exposed to the open air, generates vast numbers of maggots, the larvæ of flies, beetles, moths and acari. Detachments from these various armies invade the cadaver successively, according to the changes produced by putrefaction. M. Megnin enumerates eight of them, which take the field, always in the same order, from the period immediately following death down to that of complete dissolution:

1. Flies of the genera *curtonevra* and *calliphora*, which feed on the dead flesh while it is still comparatively fresh.
2. Flies, *lucilia* and *sarcophaga*, which appear from three to six days after death.
3. Beetles of the genus *dermestes*, and moths of the genus *aglossa*, three or four months after death; they are attracted by the formation of cadaveric fat.
4. Flies of the genus *piophila* and *anthromyia*, also beetles of the genus *necrobia*; both are allured by what may be called the caseous stage of putrid fermentation; the first named flies are of the same kind as those which attack rotten cheese, and are guided by the same instinct; all of them appear about eight months after death.
5. Flies, *ophira*, *phora* and *tyreophora*, which appear about one year after death, when the soft parts are reduced to a blackish liquid.
6. Beetles of the genera *silpha*, *hister* and *saprinus*, with acari belonging to the group of *tyroglyphines*; all these absorb the liquid humors; their work lasts until the eighteenth month after death.
7. Beetles and moths which consume the dried up tissues, the tendons and the hairs that have escaped putrefaction; they comprehend *anthrenes*, certain *dermestes*, and very small moths of the genus *tincola*; their share in the process occupies the third year.
8. The last group, which subsists on the final products of decay left by the preceding, includes beetles of the genera *tenebrio* and *ptinus*. They are found even on four-year old corpses.

These observations apply only to bodies putrefying in the open air. Investigation of those which decompose underground, in water, etc., would probably yield different results.—*Original translation, G. L. F.*

TRANSLATIONS, GLEANINGS, Etc.

RETROSPECTIVE THERAPEUTICS.

By Alfred K. Hills, M. D., Fellow of the Academy of Medicine, New York.

The Cold Bath in Malignant Scarlet Fever.—Dr. J. C. McAlister writes to the *Medical World* on July 31st: "I was called eight miles distant to see a strong girl of ten years with scarlet fever. Temperature 104°; other symptoms of moderate severity. Had been sick two days. I prescribed tr. aconite rad., pot. chlo. and listerine, internally, and listerine as mouth wash, and externally mild carbolized vaseline, to lessen the irritation of the skin.

August 1st.—Temperature 105°. Excessive delirium and restlessness, and dusky-red skin, with sluggish capillary circulation, diarrhœic stools, and profound impression of the nervous system. The appearances were that she would not live more than thirty-six or forty-eight hours.

Hoping to prolong her life until the poison should be eliminated in part, a cold bath, Brand method, every half hour, was ordered. Alcoholic stimulants were *freely* used, and brisk rubbing of the entire surface on removal from the water.

Improvement was noticed from the first bath.

August 2d.—Temperature 103°. All symptoms improved.

August 3d.—Temperature 100°. Disease assuming a mild character.

August 4th.—Temperature 99°. Symptoms all of the mildest character. Functions all good. Eruption incomplete, but of good character. Discharged the patient, conditionally.

It seems proper in this case to attribute the extremely rapid improvement, and the change in the character of the disease from one of malignancy to one of mildness to the efficacy of the cold bath. If this be true, need we lose so many of those malignant cases?

Guaiacol in the Treatment of Gonorrhœal Epididymitis.—At a recent meeting of the Société Médicale des Hôpitaux, of Paris (*Union Méd.*, April 10, 1894), M. Balzer and M. Lacour stated that they had obtained excellent results in the treatment of gonorrhœal epididymitis with guaiacol. On the skin of the inguinal region, they said, pure guaiacol could be applied; on the scrotum it was better to employ an ointment of from two to five parts of guaiacol to thirty of vaseline. One of the first effects of the application of this ointment was a rather sharp burning, lasting for about ten minutes; then the patient felt a sensation of heat, and almost immediately the pain disappeared, at least for three or four hours, and sometimes it did not return. Ordinarily it was necessary to make two applications on the first day, but after the third day there was no longer any pain. The applications were then discontinued, for they did not seem to exert any very decided resolvent action upon the inflammatory infiltration of the epididymitis. It was evident, the authors said, that guaiacol exerted a very clear and energetic effect upon the pain of the disease; moreover it overcame certain of the general symptoms which were due to the pain, for example, sleeplessness. It gave rise to a slight erythema of the scrotum, followed by drying and exfoliation of the epidermis. The authors had treated twenty cases with guaiacol, and in all of them the results had been most favorable and very rapid.

Chloroform in Lead Colic.—Dr. F. Macfarlan, of New York (*The American Therapist*, April, 1894) remarks that he has had great success in the treatment of lead colic by the internal administration of chloroform. He gives ten minims every half hour, if required. The pain is speedily relieved by the drug. The other features of the treatment go on in the usual way. The chloroform is decidedly more effective in easing the pain than morphia, as a trial of the two remedies will abundantly prove. The speedier relief also favors a quicker and more satisfactory recovery.

On the Treatment of Phthisis Pulmonalis. — Dr. W. J. Carter observes (*Cincinnati Medical Journal*): First, we have in electricity a most potent remedy. Its use is not confined to caseous deposits, hepatization and occlusion, but in all cases where there is congestion, disintegration, or tubercular activity, I have used the faradic, the galvanic and galvano-faradic currents, as strong as could be comfortably borne by the patient, but never to produce shock. The galvanic current is usually recommended, and upon theoretical grounds it is indicated where deposits are extensive, but practically I have observed little difference in the effects produced by the galvanic and faradic or galvano-faradic. The effect of all these currents appears to discuss deposits, relieve congestion and equalize circulation, and lessen soreness and pain. Last, but not least, I believe the tubercular bacilli are destroyed in part, at least, by moderately strong currents. My method is to apply large sponge electrodes front and back, using the positive and negative poles indifferently, except where deposits exist, and the galvanic is used, in which case the cathode is placed next the deposit. One ten to twenty minute sitting every second day is usually sufficient. I have treated a large number of cases during the past year by this method, and with more or less benefit in nearly every case, and marked benefit to many. In two cases, more than one-half of one lung was closed to the admission of air, with evident depression. Two months' faithful application of electricity resulted in opening them up, and they became resonant throughout. One of these patients subsequently died; the other is apparently well. It must not be understood that I regard electricity as a cure-all, but a valuable aid to treatment.

Much has been said during the past year of beechwood creosote. I have had considerable experience with it, and during my first trials did probably more harm than good. Its indiscriminate use is harmful. There is one condition in which it is especially indicated, to wit: when there is free expectoration or bronchorhea. It lessens expectoration and saves the strength of the patient. It is an antiseptic of no mean value. Avoid creosote where there is a dry cough and scant expectoration.

A word in regard to the use of hypophosphites. It should be remembered that the hypophosphite of lime diminishes secretion, and is applicable only where this is in excess. When the cough is dry and expectoration scant, the hypophosphite of soda alone should be used. It is seldom the two can be given together with advantage, as they antagonize each other. The chemist who will give us emulsions with only one of these ingredients in a given preparation will confer a boon upon the discriminating physician.

Technique of Laborde's Rythmic Traction of the Tongue.—Dr. Laborde (*Bull. Méd.*, No. 40, 1894), in the employment of his procedure, which is said to be indicated in all varieties of asphyxia, proceeds as follows: Seize the anterior third of the tongue, either with a towel or with the bare index finger and thumb, and exercise from fifteen to twenty times a minute strong traction. This is repeated at measured intervals and followed by relaxation of the tongue, thus imitating the respiratory movements. During the tractions, one should be able to feel that a fair amount of strength is brought to bear at the root of the tongue, which in apparent death will yield more readily to traction than normally. When a certain amount of resistance is beginning to be perceived, then the respiration is becoming re-established and life is reappearing. Then one or two swallowing movements are made, and followed by a growing inspiration—*le hoquet inspirateur*.

If the jaws are clenched, open them with the ordinary measures. If the patient be a person who has been more or less drowned, while making rythmic tractions with the right hand, introduce the index finger of the left hand into the pharynx to provoke attempts at vomiting. In the asphyxia of the newborn, a pair of forceps would be more convenient, though they are not absolutely necessary. It is of the greatest importance to continue the tractions with persistence, without cessation or discouragement, for a sufficiently long time, for fortunate results may be obtained after a half hour, an hour, or even longer, with the uninterrupted use of this measure. The procedure is very simple and easily carried out by any one. The object is not to cause air to enter the lungs, as with the methods of artificial respiration, but to induce spontaneous respiration by stimula-

tion of the terminations of the superior laryngeal and glosso-pharyngeal nerves, which reawaken the bulbar respiratory center, and thence lead to contractions of the diaphragm and respiratory muscles.

Strontium Bromide in Gastric Affections.—An Italian physician says that strontium bromide is particularly valuable in gastric affections, especially acute catarrh, which, he says, shows anew the remarkably favorable action of the drug. He uses a syrup made by dissolving thirty grains of strontium bromide in a mixture of a fluid ounce of syrup of bitter orange peel, and three and a half fluid ounces of distilled lettuce water. This amount is to be taken daily in three doses, during and after meals. It stops the vomiting, and lessens pain. It is thought to act both directly on the nervous system and as an antiseptic, arresting fermentation and thereby reducing the flatulent distension that gives rise to the pain.

Apocynum Cannabinum in Heart Diseases.—Dr. Glinski (*Gazz. Degli Ospedali*, No. 82, 1894), by experiments on animals, has found that the root of apocynum cannabinum contains a violent poison, which, in large doses, paralyzes the heart, and, in small quantities, retards and strengthens its beats. Basing himself on these results, he experimented upon himself, for he suffered from hypertrophy of the left ventricle, with intercurrent attacks of dilatation of the heart, mitral murmur, dyspnœa, etc. He took fifteen drops of the fluid extract three times a day. Having observed that all his symptoms disappeared in two days, he experimented on other cases having palpitation and disturbed compensation, where strophanthus and adonis vernalis were without result, and digitalis seemed contra indicated. He reports the details of his cases and concludes as follows:

1. Apocynum cannabinum root appears to have an action similar to that of digitalis, without cumulative action.

2. In cases of dilatation, apocynum rapidly diminishes the area of dullness.

3. It increases the quantity of urine, causes the palpitation to disappear, and promotes the absorption of exudates.

4. Beyond a sensation of increased pulsation in the arteries of the head, he has observed no disagreeable effects. It may be used as a decoction, three or four spoonfuls a day. The tincture (1:40), five to ten drops, three or four times a day, or the fluid extract, in a dose of ten to fifteen drops, three times a day.

Absolute Alcohol in Erysipelas.—Dr. A. J. Oschsner (*Rev. Intern. De Bibliographie Méd.*, No. 12, 1894), has employed local applications of absolute alcohol in the treatment of erysipelas with the best results. In twenty-four hours the temperature falls to the normal, and the redness decreases considerably. This favorable action is said to be due to dehydration of the tissues and coagulation of the albumen by the alcohol. Mixed with water, the alcohol will not act thus.

Care of the Mouth in Sick Persons.—Rosenbach (*Zeit. fur Krankenpflege*), says that in many illnesses there is almost sure to be secondary trouble in the mouth, if preventive measures be not taken. A warning sign is dryness and redness of the tongue and mucous membrane of the mouth, with difficulty in swallowing. Further signs are an evil odor from the mouth, coated tongue and gums, bleeding of the gums, etc. Parasites are always present in the mouth, but it is only when the tissues are weakened that they undergo invasion by these parasites, which become then really pathogenic. Rosenbach concludes with the following rules: (1) Patients with good digestive powers, free from fever, and with no loss of consciousness, require no more than the ordinary care of the mouth. (2) In children, and very old persons, the less solid food taken, the greater should be the care with the mouth. They should rinse the mouth out several times a day with lukewarm water containing a little common salt, tincture of myrrh or eau de-cologne added to stimulate secretion. When there is a tendency to bleeding of the gums, or when the teeth are bad, a pinch of powdered boric acid may be twice daily rubbed in between the lips and gums. Patients with false teeth should remove these when, owing to a loss of appetite or chronic gastric disturbance, they cannot take solid food. (3) In patients with partial loss of consciousness, the mouth should be examined several times a day for small sores, such as may arise from the pressure of the teeth and the lips, etc. Such sores should be powdered with a little boric acid or chlorate of potash, and the cracks at the corners of the lips heal quickly if dried with a clean towel, and treated with boric acid or vaseline. The mucous membrane may be stimulated by wiping the tongue and mouth, and pressing on the tongue with a moist towel every two or three hours. If necessary, the hinder part of the tongue should be cleaned with a wad of cotton wool fastened to a stem. If the patient sleeps with the mouth open, the air in the room must be kept moist. A moistened layer of muslin laid on the mouth may be of some service. (4) Patients with fever should have something to drink—cold water or weak lemonade—at least every hour. One must not wait till the patient asks for a drink. Besides preventing dryness, the fluid maintains the activity of the glands, and the whole function of the mucous membrane. Many patients are prevented from drinking by a painful, dry and cracked condition of the lips, and therefore all feverish patients should, from the commencement of their illness, have their lips rubbed several times a day with vaseline or fat. In protracted cases of fever the mouth may also be swabbed out with oil, fat, or greatly diluted glycerine.

The Ice Bag as a Cardiac Stimulant.—A writer in *La Medicine Moderne* is quoted in *La Province Medicale* for April 7th, as saying that the application of an ice bag over the heart, according to Dr. Jullien, is a powerful therapeutic measure. It seems that in 1887 M. Jullien read in the *Gazzette delle Cliniche* an essay on this subject by Dr. Silva, and was struck with the author's conclusions. Experimentation upon animals had shown the possibility of raising the blood pressure rapidly from a hundred and twenty millimetres to a hundred and seventy and even a hundred and ninety, and of diminishing the frequency of the pulsations considerably; and these results had been confirmed clinically. M. Jullien was not slow to verify these observations for himself. One day he was called to take charge of a patient with typhoid fever. He advised treatment by means of cold baths, and transferred the patient, a large and strong young girl, to the care of a colleague. Soon afterward, however, his colleague's illness rendered it necessary for him to take charge of the case again. It was a grave one, and the febrile phenomena were intense. The elevation of temperature proved rebellious to the use of cold water. Soon there was a typical picture of the ataxoadynamic form of the disease. The patient had lost consciousness entirely and lay on the bed entirely uncovered, in a tetanic attitude, varied only by the certain spasms of the head. The temperature remained all the time above 104°; the pulse had reached successively 120, 140, and 160. Under these circumstances M. Jullien fancied that the application of ice over the heart might constitute a last resort, and he made bold to carry it out. He admits that it was not without timidity that he placed the rubber bag on the region which scarcely showed the tumultuous and enfeebled beats of the exhausted heart. He watched the pulse closely, ready to stop the attempt at first signal of danger. But in less than fifteen minutes he saw the number of the pulsations diminish and their amplitude increase; in a short time the almost imperceptible undulations of the artery gave place to more decided elevations. Whenever he removed the refrigerant the alarming symptoms returned immediately, so that after many trials he concluded to leave the ice bag in place for several days. After that the temperature yielded, the cerebral phenomena disappeared, and the patient was out of danger. He is convinced that she owed her safety to the decisive measure which he had adopted. In another case also, he accomplished a result equally remarkable by this means. In conclusion, he remarks that the beneficial effects show themselves in from fifteen to twenty minutes from the beginning of the application, and reach their maximum at the end of an hour. It is true, he says, that they are evanescent, disappearing rapidly when the application is suspended, but there is no danger in prolonging it as long as the general condition remains precarious. In some cases, under its action, the height of the pulsation has been observed to be tripled, which means a pulse ampler, fuller, and more tense, with

the subsidence of dicrotism, intermittence, and irregularity, and with a longer duration of the diastode. An interesting fact noted is that the effects of alcohol and those of atropine on the circulation are in a measure neutralized by the ice bag. This, says the author, is not astonishing, since alcohol has the property of lowering the blood pressure by paralyzing the vaso-motor nerves, and atropine increases the frequency of the pulse by paralyzing the pneumo-gastric nerve. This antagonism, he suggests, may possibly be serviceable in some cases of poisoning.

RETROSPECTIVE DIETETICS.

A New Method of Making Palatable and Digestible Milk.—Dr. Robert T. Edes, of Boston, gives (*Med. Record*, Aug. 18th) a valuable way of preparing milk where other methods have not proved useful.

A pint of milk is gently warmed. Into it is dropped, very slowly and with constant stirring, about twenty minims of the dilute hydrochloric acid of the United States Pharmacopeia. The milk should be stirred until it cools. In this way a very fine floculent coagulum is produced floating in the whey, which is easily accessible to the digestive secretions, while the whole fluid has lost somewhat of the flat and cloying taste which makes it unacceptable to so many. It will be noticed that milk prepared in this way differs from the various "wheys" in the highly important particular that the casein is retained and used, instead of being separated out as a distinct product, while it avoids the bitterness of pancreatized milk.

Influence of Coffee and Its Substitutes on Disease Germs.—This subject has been investigated by the Russian bacteriologist, Proteorowski, who arrives at the following conclusions: 1. An infusion of coffee, when taken either as a beverage in the ordinary way, or with meat boullion, undoubtedly acts as a disinfectant. 2. The disinfecting properties of coffee depend on the formation of certain constituents during the process of roasting; also on the tannic acid which it always contains. 3. The germicidal efficacy (such as it is) of acorn-coffee, rice-coffee, etc., is likewise developed by roasting. 4. An infusion of coffee or one of its substitutes, made with water only, is a much better disinfectant than another of the same strength but mixed with meat bullion. 5. A pure watery infusion of coffee of the usual strength, kills the bacilli of cholera within three hours, typhus bacilli in one day, and the spores of the Siberian plague within nine days. Coffee substitutes, in like infusions, destroy the two former species of germs, but not those of the plague.

Maltose Versus Glucose.—Under this title, Dr. R. G. Eccles, in the *New York Medical Journal* of November 3d, sets forth the chemico-physiological reasons underlying his objections to glucose as a food. They are, in brief: 1. That the form of sugar into which starch is converted by the salivary ferment, ptyalin, is not dextrose or glucose as formerly supposed, but maltose. Maltose is also produced from starch by the diastatic action of germinating barley. 2. That the digestion of starch by ptyalin is not all performed in the mouth, The process continues in the stomach for a considerable time, whenever the food, by proper mastication, has been thoroughly mixed with the ptyalin, so that the coating of starch in which the gluten is always enveloped, can be rendered soluble and removed. If this is not effected, the pepsin cannot do its work and disease is the consequence. In cases where the food is not fully masticated, or the secretion of ptyalin is insufficient, the best course is to digest the starch by means of added diastase in the shape of a good malt preparation, 3. All kinds of sugar are changed into dextrose in the intestines and carried into the lacteals or blood vessels. No such inversion occurs further up. It is a necessary inference that if large quantities of glucose—the principal part of which is dextrose—be taken into the stomach and directly absorbed into the blood, normal function will be overtaxed, an unusual strain put upon the oxygen supply, and a variety of more or less serious ailments developed.

In conclusion, the author remarks upon the easy adulteration of malt extracts with glucose, which is also vastly cheaper and exceedingly difficult to detect. He has, however, personally investigated the only manufactory of such preparations hereabouts (the Arlington Chemical Works, at Yonkers), without discovering this objectional ingredient or any indication of its presence.

Notes on Diagnosis.—(*Translated from the Italian, French German, Danish and Polish Journals, by F. H. Pritchard, M. D., Weaver's Corners, Ohio.*)—DIAGNOSIS OF PRIMARY EPIPHYSARY OSTEOMYELITIS OF THE PHALANGES.—Dr. Recamier, of Paris, observed a young boy of eleven years who presented a swelling of the second phalanx of the middle finger of the right hand, apparently a felon of the deeper parts; violent pain, fever at night and diarrhœa, tongue coated, and the skin—especially on the dorsal surface of the finger—hot. No abrasion nor puncture of the skin had preceded. A deep panaritium was diagnosticated and a corresponding incision made upon the palmar surface of the finger, which gave issue to a slight quantity of pus; iodoform gauze and a wet dressing. The next day no better; the nearest articulation was invaded by the suppuration. The induration increased and proceeded towards the palm of the hand. An incision opening the first phalangeal articulation was made. The third day of the disease the palm of the hand was indurated and deep cellular tissues involved. Anæsthesia, incision extended into the palm of the hand, accessory incisions in the wrist and dorsum of hand; the third phalanx, which was bathed in pus, was extirpated and separated from the periosteum, the head of the corresponding metacarpal bone curetted and cauterized with a solution of the chloride of zinc. This was the seventh day of the disease. The general state improved, but the cavity left after extirpation of the bone suppurated and the tendons exfoliated, so that amputation of the entire finger was necessary six weeks after. This form of felon is rare, though when it is met with it might easily be mistaken for a deep panaritium of the sheath of the tendon. The prognosis is much more unfavorable—*La France Médicale*, No. 25, 1894.

DIAGNOSTIC IMPORTANCE OF ENLARGEMENT OF THE CUTANEOUS VEINS AT THE LOWERMOST PART OF THE THORAX.—Dr. W. Hirschloff calls attention to the high diagnostic value of these venous dilatations. Affections of the lungs, heart, serous membranes surrounding these organs, mediastinal diseases and those of the great vessels will give rise to such signs. They are in general due to two causes—hindrance to the venous return to the heart and development of collateral circulation. As the veins of the anterior thorax empty into the superior vena cava through the internal mammary, the intercostal veins and the brachio-cephalic trunks, a compression of these vessels would cause a consequent enlargement of the cutaneous veins. Compression is generally caused by primary or metastatic new growths of the mediastinal space; lymphomata, lymphosarcomata, substernal strumous growths, or pulmonary neoplasms, aortic aneurisms or enlarged bronchial glands. Often the dilated veins are the first signs of intra-thoracic disease. Another very frequent cause of extensive venous nets forming on the thorax is a preceding contraction of the pleura or pericardium after preceding inflammation of these membranes, frequently occurring years before. This may cause nearly complete obliteration of the greater vessels and even death. Venous dilatations developing in the course of a few hours are dependent upon thrombosis of either the jugular, subclavicular or anonymous veins. As this more frequently is observed on the left side, the corresponding enlargement will be observed on this side. Dilatations from mere mechanical pressure sometimes give rise to very extensive enlargement, even of the size of one's finger, as in a case observed by the writer, where from capillary dilatation the arterial pulse was transmitted into these veins so as to cause them to resemble arteries. Yet on deep expiration, this pulsation would cease and the vessels be overfilled. In some cases thrombosis of these veins has been noticed. There is still another form of dilated veins, at the lower portions of the thorax especially. The vessels are prettily arranged

in a branched and dendritic manner along the border of the lowest rib. They are dependent upon defective muscular action in this portion of the chest in respiration; they are liable to be quite pronounced in four-fifths of emphysematic patients.—*Deutsche Medicinische Wochenschrift*, March 15, 1894.

DIAGNOSIS OF PRECOCIOUS PHLEBITIS IN TUBERCULOUS SUBJECTS.—Dr. E. Hirtz, in a recent meeting of the Medical Society of the Parisian Hospitals, called attention to a precocious form of phlebitis, which though extremely infrequent, is observed in tuberculous patients. It is a commonly accepted opinion that phlebitis is an accompaniment of the last stage, and is ascribed to a cachectic thrombosis, from a peculiar tendency of the blood to coagulate at this period. He has observed a certain number of cases which go to prove that this complication may be observed even while the patient's health is comparatively still good. In general, it differs from the terminal form in that it develops in a shorter time; it does not last beyond three weeks. In several of his patients the pain had disappeared in twelve days, together with the œdema and abolition of function. On palpation, the characteristic phlebitic cord is not felt. In general, the non-obliterating or periphlebitic form seems more frequent than the obliterating variety. He thinks them due to an invasion of the vessel walls by the bacillus; he cannot say that the disease was followed by a rapid development of the general affection, for the patients, as a rule, felt better after their phlebitis, though the pulmonary affection slowly progressed.—*La Semaine Médicale*, No. 34, 1894.

DIAGNOSIS OF INCIPIENT PULMONARY TUBERCULOSIS.—Prof. Potain, of Paris, in a recent clinical lecture discussed the diagnosis of pulmonary tuberculosis. Diminution of resonance is always relative, and must be elicited by comparison of the two sides; there are individuals whose supra-spinous fossæ are normally but little resonant. Percussion of these fossæ is a delicate matter. Have the patient sit slightly inclined forwards, with both shoulders on a level and the arms hanging loosely at the sides. Percuss with equal force in both. Sole diminution of resonance of the apices is sufficient to diagnose tuberculosis, though in most individuals the right is slightly more resonant than the opposite. Yet the very contrary may be present with tuberculosis, increased sonority from the presence of bronchitis; a limited area of augmented resonance in the apex is also suspicious. It is generally accompanied by symptoms assisting diagnosis. Auscultation will reveal a weakened and rougher respiration. Feeble respiratory murmur is also a relatively valuable diagnostic sign. In the normal state two kinds of murmurs are produced in the lung—the vesicular and the bronchial—the former predominating, and being the only ones distinctly heard. If the vesicles contain solid material this murmur disappears and only the bronchial one is audible. Hence it is a proof of more or less local solidification. Expiration is apparently longer than inspiration. On auscultation the vesicular murmur is interrupted by slight and confused murmurs of bronchial origin. Also respiration may be short and "catchy," from convulsive action of the respiratory muscles. The vocal resonance as well as the thoracic vibrations are increased. Hoarse and sibilant râles are perceived on auscultation, at the beginning; in the vertex these assume a peculiar character. They are heavier, and of a more vibrating sound. Laënnec traced them to a softening of the tubercles; this is true, yet they may be perceived from the very beginning. They are due to a bronchitis, and, if located in the apex, are tuberculous in nature. The second sound of the heart may also be transmitted through the lung with greater clearness. In short, the signs of pulmonary tuberculosis are those of pulmonary condensation and those of bronchitis; their localization in the apex is characteristic of tuberculosis. If the disease has localized itself in some other portion of the lung besides the apex, bacteriorological examination of the sputa will be necessary, though, unfortunately, just at the very stage when the diagnosis is liable to be doubtful, the bacilli are apt to be exceptionally present. They are to be found chiefly when the other signs are pronounced and certain.—*Revista de Ciencia de Medicas de Barcelona*, No. 10, 1894.

DIAGNOSIS OF THE PNEUMONIC FORM OF ACUTE PULMONARY TUBERCULOSIS.—Drs. A. Fraenkel and G. Troje state this to be a rare form of the disease. It may begin with a chill, as crupous pneumonia, or be more insidious, or with a series of lesser chills. The fever soon becomes atypical, more or less remittent or intermittent, which latter sign is a certain diagnostic point to distinguish it from crupous pneumonia. Some patients present labial herpes. The pulse is always moderate, and respiration less disturbed than one would expect from the lesions. Instead of dyspnœa and cyanosis, there is an increasing paleness of the skin and mucous membranes. On auscultation, signs of considerable infiltration of even a whole lobe, thus simulating a crupous pneumonia. Besides pronounced bronchial respiration, extensive crepitation is observed. The most posterior portions of the lung, and generally the lowest lobe, are the favorite sites of predelection. During the course of the disease the dulness may clear up without signifying an actual resolution, for râles are still present. A complete or partial resolution may at times occur. The expectoration is characteristic of pneumonia, in the majority of cases; tenacious, clear and translucent; in a few cases it is rust colored, while in others it presented a grass-green coloration which Traube states to be characteristic; hemoptysis may also be present. Tubercle bacilli are found in the majority. Albuminuria is very rare. Ehrlich's diazoreaction is both of diagnostic and prognostic importance; it was very pronounced in all the fatal cases, but was absent in those that recovered. Delirium was observed now and then, even in non-alcoholics. Where the affections begin acutely and the expectoration is lacking, or pneumonic and no bacilli can be demonstrated, diagnosis is impossible. If it lasts for some time, then the following points will be of value: lack of a typical or final crisis, frequent absence of dyspnœa and cyanosis, together with the early pallidity, the green color of the expectoration and the presence of tubercle bacilli. The diazoreaction in the urine from the commencement; rapid loss of strength and emaciation. The prognosis is very unfavorable.—*Hospitals-Tidende*, No. 8, 1894.

ANALGESIA OF THE ULNAR NERVE IN TABES DORSALIS.—Dr. E. Biernacki, in an investigation on the sensitiveness to pressure of nerves, discovered that the ulnar nerve in tabetic patients is prone to be analgesic; he found it in fourteen cases out of twenty. Analgesia of the region supplied by this nerve was also demonstrated in one half the cases.—*Neurologisches Centralblatt*, No. 7, 1894.

A CASE OF PNEUMO-THORAX FROM INTERNAL TRAUMATISM.—Dr. S. Laache reports the following curious and instructive case: A sailor of forty-seven years, while eating a meal of biscuits and fish, was suddenly seized with severe pain in the chest at a level with the lower end of the sternum; this he ascribed to a fish bone sticking in his throat. Various measures, together with an injection of morphine, were employed, but without result, and he was sent to the hospital. The pain was quite severe, especially on swallowing, so as only to permit him to take a little milk. Temperature, 39.2° C.; respiration 40 and pulse 100. On physical examination, a moderate sized exudate was found in the right pleural cavity; pains still continued. After six days there was a distinct pneumo-thorax, with amphoric breathing and the characteristic tinkling sound. Badly smelling eructations and breath. The temperature soon became normal, and the outlook seemed better; yet, ten days after the accident, he suddenly was seized with great dyspnœa and violent pains. Collapse and death. The necropsy revealed a pneumo-thorax of the right pleural cavity. In the œsophagus, two centimetres below the tracheal bifurcation, there were two oblong openings about the size of a bean, two centimetres apart, and with pus-infiltrated edges. The one most towards the right led into the corresponding pleural cavity, the other into a purulent infiltration of the posterior mediastinum. The surface of the lung corresponding to the puncture was extensively ulcerated, and on filling the lung with air, under water, bubbles escaped. He assumed that the air in the pleural cavity was chiefly from the lung; he explains it thus: First, a pleuritic exudate from the pulmonary pleura, due to the septic infection

(food); later, pneumo-thorax, after ulceration of the lung. The bone could not be found. It was probably washed out at the post-mortem with the pleuritic exudate.—*Nordiskt Mediciniskt Arkiv*, 1894, hft. 2. (In case of fish and similar bones that have been swallowed and cannot be either forced down or extracted, it has been recommended to drink frequently of a solution of vinegar or weak hydrochloric acid; they will dissolve the bone in a few hours.—Dr. O. Schliep, *Therapeutische Monatshefte*, No. 2, 1894). *Trans.*

DIAGNOSIS OF OBJECTIVE SOUNDS IN THE EAR AND HEAD.—Drs. S. Goldflam and S. Meyerson report four cases of sounds in the head which could be perceived both by the patient and those about him. In two they were of arterial and in one of venous origin, and in the fourth due to muscular action.

In the first case the cracking sound, which was reproduced from eighty to one hundred times a minute, diappeared as soon as the vault of the palate was compressed with the finger contractions of the tensor tympani. All therapeutic measures failed to relieve.

In the second case there was presumably an aneurism of the common carotid, which caused in the left ear a blowing murmur, synchronous with the pulse-beat. It was easily perceived with the stethoscope, and there were also signs of an intra-cranial tumor. Ligature of the common carotid caused the sound to disappear for a few hours, after which it returned, and the patient died after a few weeks. No necropsy was allowed.

In the third case, there was a sound in the ear, perceptible by the patient and those around him. This sound, dependent upon syphilitic alterations in the cerebral vessels, disappeared after compression of the carotid of the corresponding side.

In the fourth case, the venous murmur, the "bruit de diable," was so pronounced that the patient heard it herself easily.—*Przeglad Chirurgiczny*, Tom. I., Zeszyt IV.

A POINT IN THE DIAGNOSIS OF SUB-PHRENIC ABSCESS.—Dr. K. Chelkowski, in two cases of sub-phrenic abscess, one of which was verified by the necropsy, remarked that on introducing an aspirating needle into the abscess at the lower intercostal spaces, that the instrument rose on inspiration and was lowered on expiration. These movements are due to the diaphragm, which borders are necessarily punctured on penetrating the abscess. If the needle were situated above the diaphragm, the opposite would be observed. This has also been observed by Fuerbringer. He suggests that it might serve as a differential diagnostic symptom to distinguish a purulent collection below the diaphragm from one above.—*Przeglad Chirurgiczny*, No. 1, Tom. I., Zeszyt IV.

DIAGNOSIS OF HYDATID CYSTS OF THE BRAIN.—Drs. Mya and Codivilla state diagnosis to be very difficult. In such a case with right hemiparesis, hemihypœstheisia of the one side, incomplete motor aphasia, accompanied by agraphia, alexia and amusia, a tumor of the left hemisphere was diagnosed. Absence of meningeal phenomena eliminated a possibility of its being extra cortical, and the presence of sensory and motor disturbances and the absence of cerebral irritation pointed to a sub-cortical site. As to the nature of the growth, absence of signs of endosteitis limited the diagnosis to that of a tumor. A negative and personal family history, with no general symptoms and lack of localization in other organs, excluded tuberculosis. Glioma has a different course, developing slowly, and interrupted from time to time by apoplectiform attacks from rupture of the new vessel-formations which accompany these tumors. Hence only the parasitic tumors remained. Cystocercus was thought to be too small to be able to compress so many nervous centers; multiple cystocerci could also be excluded, as these symptoms apparently from a single focus, could not arise from multiple location of cystocerci. Operation was done, with good after-results as to restoration of function.—*Il Policlinico*, March 1, 1894.

The Regents of Michigan University and the Homœopathic Medical College.—***From evidence presented in the public press and in reports of the President of the University, we gather the origin of the trouble and the several steps in its development. Some time since, Dr. Obetz conceived the idea that it would be to the advantage of the Homœopathic school if a new arrangement could be made. Then as now the University supported two entirely distinct medical schools, the regular and the Homœopathic. The plan proposed changed this so as to make but one school, but in this school both Homœopathy and regular medicine were to be taught to every student, and the respective professors would form a single teaching faculty. It was thought that thereby economy and efficiency would be promoted in the medical teaching, Dr. Obetz thought that the interests of Homœopathy would be promoted. This opinion was not shared by his colleagues in the Homœopathic faculty, nor by the mass of his professional brethren in the State. As a result, the other members of the faculty made matters uncomfortable. Appeals to the President, to the Regents availed them naught in displacing the advocate of this plan. Then they carried the matter to the Homœopathic State Medical Society of Michigan. This threw the weight of its powerful influence against Dr. Obetz and his plan, demanding that he be removed from the position he held in the faculty of the Homœopathic College, intimating very strongly that its members would not send their students to this school while he remained in connection with it. Several of the colleagues of Dr. Obetz did resign, and the number of students did diminish, but still the Regents held Dr. Obetz. His enemies then carried their case to the National Homœopathic Medical Society. This also took sides with Dr. Obetz's opponents, and decided that the interests of Homœopathy called for his removal. Meantime, during the last session of the Michigan State Legislature, in raising the education tax from one-twentieth to one-sixth of a mill, it was stipulated that the raise should not go into effect if the Homœopathic Medical College was abandoned.

The last phase in the development of the controversy is contained in a report of the Board of Regents at their meeting on October 24th. In this they give the answer they have made to the American Institute of Homœopathy. In brief, they decline to accede to the request to discharge Dr. Obetz. They see no reason for such a course, and are unable to act without adequate reason. The Board of Regents intimate that the State of Michigan may tire of supporting a medical college for the training of Homœopaths if this profession does not deem it best to support it. In short, the Board of Regents tell the Homœopathic profession in Michigan and elsewhere that they are conducting the affairs of the University in accordance with what they deem its best interests; that they do not think these interests would be advanced by the discharge of Dr. Obetz; that he has done nothing to injure Homœopathy in the University, and they propose to stand by him.

Thus the position of Dr. Obetz against the majority of his professional brethren in and out of Michigan is sustained by the Regents of the University at every point of attack—his own faculty, his own State society, and his own National society.

We do not enter upon any of the questions involved, but present a brief statement of the facts as of interest to the student of medical sociology.

It will be noted that the regular profession is in no way entangled in this controversy. The fight is confined to the Homœopaths.

Later.—On November 22d, Dr. Obetz sent to the regents his resignation as Professor of Surgery and Dean of the Homœopathic department of the University. On the same day the Regents unanimously passed a resolution asking for the resignation of the entire faculty of this department. These moves are made with the intention of eliminating from the school all the occasions of decadence. By appointing an entirely new faculty, the Regents hope to have the school regain favor with Homœopaths in general.—*Ed. American Lancet.*

Cotton Wool in the Nostrils.—Says Dr. E. P. Mann, in the *Pacific Medical Journal:* Abundant experiment long ago demonstrated that cotton wool was capable of arresting germinal matter with which the air is filled. By placing within the nostrils, out of sight, a thin pledget of cotton, not sufficiently dense to interfere with free

inspiration, the air may be greatly purified. The cotton immediately becomes moistened during expiration, which adds materially to its efficiency as a filter. That, thus placed, it will arrest dust, particles of soot, etc., may be easily shown by introducing the pledgets, and then, after an hour's walk through the streets, removing them, when they will be found blackened and soiled. Microscopical examination discloses quite a museum of germinal matter. Prominent among the displays are found various forms of catarrhal and bronchial secretion that have been dessicated and pulverized by passing feet, thus liberating the germs which, planted upon a congenial soil, will produce catarrh to order.

Professor Credi, of Naples, asserts from careful observation that fifteen grains of dust from the streets of that city contain hundreds of thousands of microbic germs. Are the streets of American cities any freer from germinal matter? It is claimed for the film of cotton that it catches and holds in its meshes germinal matter. Any germs that succeed in passing through the filter are arrested by the moisture which it maintains in the anterior nares. It is probable it offers more or less perfect protection to those exposed to infectious and contagious diseases.

Music As a Healing Power.—The idea that music possesses an actual healing power is about to be tested in London. The Guild of St. Cecilia is about to build or hire a large hall, in which musicians, especially trained to sing and play the very soft music which alone should be administered to those whose nerves are weakened by illness, shall perform by day and night. Telephones will connect this composite and continuous music with certain wards of London Hospital. Records and data of conditions and effects are to be kept, and conclusions arrived at.

A Hospital at Home.—Every home of any pretensions should contain a room especially arranged and kept ready for the use of sick members of the family. Such a room should be on the upper floor, and preferably in the southeast corner, so as to have the best sunny exposure; or still better, should be itself the upper floor of a two-story annex, separate from the main building, but joined thereto by a light, latticed bridge. It should have no upholstered furniture, a bare but painted floor, and rough-plastered and painted walls and ceiling, without pictures or paper, curtains or hangings. It should contain no sink, wash-basin, water-closet or any other convenience which connects with the sewers, and should connect with the kitchen by a dumb waiter, or have connected with it a smaller room furnished with a gas stove and the other requirements of a diet-kitchen. It should contain everything requisite for nursing a case of typhoid fever, scarlatina, diphtheria, measles or smallpox; and all its arrangements should be supervised by the family physician. The possession of such an appendage to the home would enable the owner to defy the mandate of a health officer in regard to removing an inmate thereof to a public pest-house; as it could be shown, to the satisfaction of any reasonable court, that therein a case of infectious disease could be better isolated, and more humanely treated, than in any "pest hospital" ever yet erected by our political administrators of health laws.—*From Potter's Materia Medica, Etc., Fifth Ed. (in press).*

Escorein.—Æscorcin, a derivative of æsculin, a split-product of the aesculin contained in the rind of the horse-chestnut, is, according to the investigations of Froelich, an excellent means for diagnosing corneal defects and losses of the conjunctival epithelium, since these parts are colored red by one drop of a ten to twenty per cent. solution of æscorcin. This appearance lasts about ten to twenty minutes. Irritation of the eyes and pain are not produced. The red coloration obtained by æscorcin also stands out far more clearly from the colored background of the iris than does the green tinge of fluorescin, which has hitherto been employed for similar diagnostic purposes.

Surgical Tuberculosis and its Treatment by Blood Stasis.—Dr. A. Bier (*Med. Neuigkelten*), basing himself upon the fact that in cardiac insufficiency or other conditions that lead to blood stasis in the lungs, pulmonary consumption is rarely observed, tried to treat surgical tuberculosis of the extremities by means of an artificially induced hyperæmia of long duration, imitating as closely as possible the conditions in pulmonary stasis. His procedure is as follows: The limb below the lesion is closely bandaged, and immediately above the affected portion a rubber tube is applied over a layer of felt or cotton, and tied moderately tight. It is permitted to remain on at first a few minutes, then two hours, and finally for thirty-six hours, without inconvenience or injury. The patient soon gets the idea of its management, and may be treated as an out patient. Prof. Helferich, of Greifswald, can confirm the efficaciousness of this method, and warmly recommends that it be earnestly tried in limited as well as in open articular, ostal, cutaneous and scrotal tuberculosis. His case was that of a man of forty-four years, with very severe tuberculosis of the elbow joint, which was only to be cured by great atypical resection or amputation. Treatment, according to this procedure, gave a complete recovery, with nearly perfect function, and that in a patient with pulmonary tuberculosis and spinal caries, where an improvement of the general state was not to be thought of.

The Management of Syphilitic Married Women.—The best way is to suggest to the woman that her husband's co-operation in the necesssary medication, etc., is desirable. If she assents she is innocent, but if she raises objections she is culpable. So says M. Alfred Fournier in a lecture under this title.

Rubber-Tissue Gloves for Protecting the Hands During Operations.—Dr. Morton, in the *New York Medical Journal*, calls attention to thin rubber gloves for general surgical purposes and for handling strong solutions. He had found these rubber-tissue gloves extremely useful in handling offensive cases. With them it became a pleasure to make rectal examinations, because the skin of the hands did not become saturated with fœtor, and it was wonderful how many more examinations one made. Also, in handling strong solutions, or even in operating in septic cases, they had an excellent field. The rubber was so very thin that it interfered very little with the tactile sense. As a rule, they went on with great ease and came off readily. He thought them of great value when handling morbid growths or making post-mortems where it was possible to be inoculated. They bore steam sterilization and soaking in strong solutions of carbolic acid or bichloride of mercury.

Easy Test for Glycosuria.—Equal parts of urine and liquor potassæ; add a pinch of bismuth subnitrate; boil thoroughly; if sugar is present the powder turns brown or black.

Chloroformization by Small and Continuous Doses of Chloroform.—Baudouin, of Paris, recommends anæsthetization by the administration of chloroform in small and continuous doses. It is allowed to drop slowly and continuously without interruption. It causes less excitement, the anæsthesis is quieter, the after effects are claimed to be less pronounced. Absolutely pure chloroform, contained in small glass tubes of 40 to 50 grammes, acted best. At the most, thus, one consumes 20 grammes an hour. Anæsthesia may be extended for two hours and a half. Even in patients with heart disease, pleuritis, etc., it involves less risk.

Hypnotic Suggestion for Alcoholism.—Bushnell (*Med. News*) reports twenty-three cases in which hypnosis, and hypnotic suggestion was the line of treatment resorted to for alcoholism. In no case did he fail to hypnotize the patient. Eighteen were hypnotized on the first attempt, one on the second, one on the third, and one on the fifth.

The method was usually that of requiring the patient to fix his gaze on an object while the operator stood behind

him and stroked the forehead evenly with both hands Generally the patient's eyes close spontaneously in from two to ten minutes. In some cases they remain open and require to be closed with the hand. A more effectual, but less agreeable method, is to sit facing the patient, who is to fix his eyes on those of the physician.

Hypnosis being induced, suggestions are given to the effect that the patient will have no craving for liquor; that it will be disagreeable to the taste and unpleasant in its effects; that sleep, appetite, and digestion will be good; that nervousness will disappear, etc. It is well to suggest that there will be no nervousness, no pain in the eyes, and no headache upon awaking, also, especially in the case of those who are hypnotized with difficulty, that there will be no drowsiness.

Hypnotism becomes easier with each repetition; and intoxication renders it easier. The treatments are repeated, if possible, daily for a week, then once a week for a month.

The results of treatment were: remained abstinent, eight; relapsed, but abstinent after further treatment, three; relapsed, and passing out of reach, declining treatment, or continued to drink in spite of it, eight.

Bushnell has noticed that it is easy to render whiskey repugnant to the senses of the patient, but it appears to be impossible to accomplish this in the case of beer. The loss of tolerance and cessation of craving for alcohol are reached, however, in the one class of drinkers as certainly as in the other.

Sugar as an Oxytocic.—In the *Gazz. Degli. Osplt.*, No. 2, 1894, Prof. Bossi, of the Obstetrical and Gynæcological Clinic, of Genoa, Italy, reports the results he has obtained with sugar as an oxytocic in a large number of cases. He concludes as follows:

1. In ten out of eleven cases a positive ecbolic result was obtained from an ounce of sugar in eight ounces of water. This effect was observed on an average a half hour after its administration.
2. In some cases, the one powder was sufficient to induce expulsion of the fœtus.
3. If a second powder was given after two hours, the effect was more pronounced.
4. In no cases were tetanic contractions observed; on the contrary, the contractions were regular, and no incarceration of the placenta was noted.

Hence, he thinks that he is justified in recommending the use of sugar in obstetric practice, as possessing all the advantages of an ideal ecbolic without any disadvantages.

Dr. F. H. Pritchard (*Med. and Surg. Reporter*, March 17, 1894) concludes that sugar is an efficient oxytocic, and one which is devoid of danger in ordinary and carefully measured doses; is handy, quite certain, and easily obtained everywhere. That, despite Bossi's statement, large doses will cause tetanic contractions and induce painful after-pains. That gelsemium, in drop doses of the tincture, is antidotal to this over traction.

An Easy Method of Keeping Warm.—Dr. Ernest B. Sangree (*American Therapist*), calls attention to an easy method of warming one's self when other and more common means are not available. It consists merely in taking deep inspirations. He says: "On a very cold afternoon of this winter, though walking briskly along, I was uncomfortably cold; feet and hands were very cold, and my ears so chilled as frequently to require the application of my heavily gloved hands. In addition, the whole surface of the skin was unpleasantly chilled; 'creeps' ever and anon running up and down my spinal column and radiating thence over the body and extremities; in short, a condition that every reader of this little article has doubtless many a time experienced. I then began taking an exercise often employed before with benefit; deep forced inspirations, holding the air as long as possible before expulsion. After a few inhalations the surface of my body grew warmer, and a general sense of comfort pervaded me. Continuing, the next part to feel the effects of the effort was my previously frigid ears; they grew agreeably warm, and within the time required to walk three blocks, at the previous pace, hands and feet partook of the general warmth, and I felt as comfortable as if the same length of time had been passed by a glowing fire. Many times unavoidable exposure, as in riding, driving, standing and the like, for a longer or shorter time in the cold, has been the cause of severe and even fatal congestive troubles, such as pleurisies and pneumonias, and a means of quickly stimulating the flagging peripheral circulation which a person has always with him, and which can be employed without moving a step, is one that ought not be neglected or forgotten."

An Object Lesson For Anti-Vaccinators.—The *Official Bulletin* of the Iowa State Board of Health for the month of February, contains a statement as to the result of the introduction of smallpox infection to an isolated household, the members of which differed in regard to vaccination. We produce Dr. Kennedy's account in his own words. The facts need no comment:

"A few months ago a family of anti-vaccinationists lived in a county in this State. One member of the family—consisting of father, mother and four children—was vaccinated, the others not. They lived happily, and apparently safely, so far as smallpox was concerned, on their quiet Iowa farm. A nephew from Germany came into the family, coming from the Fatherland to find a home in this great land. On the vessel on which he was a passenger, smallpox broke out, and he was exposed. He had been vaccinated, and escaped the disease. His uncle's family, into which he went with his infected clothing, with the exception of the mother, were destitute of the protective influence of vaccination. Within twelve or fourteen days after the advent of this nephew and cousin, smallpox in a malignant form broke out, and father and four children were smitten down with the dread disease, and four out of the five, including the father, died, the mother and the young man alone escaping, and they, simply because they had been fortunate enough, sensible enough, to be vaccinated. And yet the anti-vaccination fanatics would ignore all such lessons, and see nothing in them except a coincidence."

Hallucinations and Illusions of the Sane.—Inglis (*Am. Lancet*) calls attention to the fact, that while "the law has laid much stress upon the phenomena of illusions and hallucinations as being evidences of insanity, it is more and more clearly evident that these phenomena do not necessarily indicate insanity at all. They frequently occur in the insane, however, and play an important part in the deranged mental processes. Still it remains true that perfectly sane people frequently have illusions or hallucinations, or both."

He reports some interesting experiences of his own of hallucinations, largely under control of the will. One of these was a galloping horseman, who could be made to go fast or slow, or multiplied into a whole troop. Another experience was one of a pure beautiful color, without form. When present the color could be changed by effort of will, but could not be voluntarily produced.

The Prognosis of Pulmonary Tuberculosis.—Arthaud (*Wiener Med. Presse*) bases the prognosis of pulmonary tuberculosis on two important factors, viz.: the disturbance of nutrition, and the extensiveness of the lung lesion. The first is determined by weighing. The weight of a normal adult individual, according to the observations of this writer, is the amount, in kilogrammes, of the person's height in centimeters above one meter. Thus, if the height is one meter and seventy centimeters, the normal weight should be seventy kilogrammes. Observations based on many cases show that when a phthisical subject has lost one-fourth of the body weight there is great danger to life, and if one-third of the body weight is lost the case is hopeless. The best nutrition for these individuals is the ingestion of 400 grammes of meat and one kilogramme of bread in twenty-four hours. The extensiveness of the lung lesion is not so easily determined. The destruction of lung tissue is indicated not only where bronchial respiration and rales are heard on auscultation, but also in

those situations where indeterminate respiration is heard. for the latter indicates fibroid induration of the lung. A more practical means of determining the degree of lung destruction is by counting the pulse. The following figures are only of avail in apyretic conditions and when the patient is not nervous: 90 pulse beats indicate a loss of one-third of the lung; 100 pulse beats indicate a loss of one-half of the lung; 110 pulse beats indicate a loss of three-fourths of the lung; 120 pulse beats indicate a loss of the entire lung. Patients who have lost one-fourth of their body weight and three-fourths of the lung are pronounced incurable.

Parasitic Conjunctivitis.—Dr. Gustave Eisen, of San Francisco, recently reported a disease of the eye not hitherto described, to the Society of Eye, Ear, Nose and Throat Surgeons, of that city, which report was printed in the *American Journal of Ophthalmology*. He found the disease prevalent among the people who dwell along the coast of Mexico, and extending into Peru and Chili in South America. The cause of the disease is a small fly, that alights upon the eyes, and deposits what appears to be an intestinal parasite of the fly. More than one-half of the children in this locality have the disease every year. It runs its course in from six to eight weeks, according to the care taken to keep the eyes clean. It appears that the parasites rarely or never destroy the eyes affected.

The disease commences as a slight redness upon the conjunctiva at the upper and inner corner of the eye. This spreads, until the whole eye is affected. Then mucopurulent ophthalmia occurs, with pain and severe constitutional disturbance. All the muscles of the body become sore, especially those of the back, arms and legs. The child is stupid, and desires to lie down most of the time. The lids become enormously swollen and everted. Soon, what appears to be particles of flesh are thrown off, but which are really small worms or filaria, each being about an inch long when fully developed, and resembling a piece of thread.

Knowing that worms do not thrive in salt water, he applied a solution of sodium chloride to the affected eyes, which had the effect of cutting down the duration of the disease to twenty days. The natives looked upon this result as something wonderful, contrasting it with the usual duration of the complaint.

The doctor was about to return to Mexico, and it will be interesting to learn what effect sulphate of zinc, nitrate of silver and corrosive sublimate solutions will have upon this most singular affection.

Thyroidectomy for Basedow's Disease.—Exophthalmic goitre may be regarded (*Pittsburg Med. Review*) as the antithesis of myxœdema—clinically, nearly exactly what the other is not. Basedow's disease is characterized, and, in all probability, is largely produced by enlarged thyroid gland. Myxœdema, on the other hand, is characterized by atrophy or comparative absence of thyroid, and in all likelihood the symptoms of this affection are mostly brought about by this absence of thyroid.

The fact that the addition of thyroid, *i. e.*, its administration to the patient, has frequently and unquestionably effected truly marvelous cures, would lead one to reason on *a priori* grounds that the subtraction of thyroid in the opposite condition—Graves' disease—would effect a favorable change in that disease. As a matter of fact, it does.

The operation of the removal of one lobe or a part of a lobe of the thyroid gland for exophthalmic goitre has now been performed a number of times, particularly in Germany, and the result in many of the cases has been an improvement in the disease or else a complete cure. The effect of this treatment has, however, on the whole, been much less favorable than that obtained by the administration of thyroid extract in myxœdema. Moreover, there is not a little danger in the operation. Putnam, who has performed the operation three times, with one death, believes (*Jour. Nervous and Mental Dis.*, June, 1894) that the danger of thyroidectomy is much greater than the reports of German observers would seem to indicate.

The operation, in view of its danger, should not be resorted to without first giving medical treatment a fair trial. Jouffroy, in a very recent and valuable contribution to the subject (*Le Progrès Medical*, March 31, 1894) discusses the value of bromides, belladonna, hydropathy, electricity and rest. Probably the last three constitute the most valuable of the non-surgical measures of treatment.

The Conduct of Ordinary Labor Through External Examination.—Leopold and Sporlin (*Archiv. F. Gynækologie*) make a warm plea for limiting examinations made in the course of ordinary labor to the external parts, and adduce the advantages of such a course. Infection is thereby avoided; the natural sense of modesty of the paturient is not offended, and careless rupture of the membranes is avoided. Skill in external examination is acquired with reasonable readiness. In the large majority of cases, such examination alone is sufficient for the recognition of the position and presentation of the fœtus, and for the study of the course of an ordinary labor. As there can be no objection to its frequent exercise, abnormalities of parturition may the more readily be detected early, and means of correction promptly employed. Experience soon teaches the difference in the position of the fœtus assumed in case of pelvic contraction on the part of the mother. The position and presentation having been recognized by external examination, internal examination for the detection of possible pathogenic conditions of the birth canal need be but brief, and can be conducted with great care. For the attainment of this desirable result, it is essential that the obstetric pupil familiarize himself thoroughly with the conditions of normal labor, as determined by physical external examination, as well as with the physiology of normal labor. Obstetric operations are principally to be taught upon the phantom.

Carbolic Acid in Full Strength in Surgery.—Dr. O. H. Allis recommends the method originated by Dr. Gardner, of Bloomsburgh, which consists in the application of pure carbolic acid to extensive wound surfaces. For example, after amputation of the female breast and ligature of the bleeding vessels, carbolic acid crystals dissolved in sufficient water for solution are applied with a sponge to parts of the wound surface, which at once turns white. The wound is then washed with sterilized water and approximated, a provision being made for drainage of the considerable discharge which takes place. The advantages claimed by Dr. Gardner for this treatment are that it prevents systemic absorption, lessens shock, and acts as a local anæsthetic and hæmostatic. Dr. Gardner also resorts to it in all operations outside the pleural and abdominal cavities, such as amputations and resections. Dr. Allis has employed it with success in a case of threatened gangrene of flaps after amputation.

Urination After Labor.—Dr. N. Recht (*Rev. Internationale de Bibliog. Méd.*) in a thesis has made a study of micturition in the lying-in period. He comes to the following conclusions:

1. Urination, after labor, in the majority of cases, follows spontaneously.
2. Catheterization is but exceptionally required; if it be necessary, it should be deferred as long as possible.
3. It is only indicated when the bladder assumes abnormal proportions, or if retention occurs.
4. Catheterization is liable to occasion two evils—cystitis, in spite of all precautions, and dependence of the bladder for a time upon the catheter.

Free Hydrochloric Acid in the Gastric Juice.—K. E. Wagner (*Vratch*, No. 1, 1894), having examined successfully 216 patients, 90 men, 126 women, with chronic gastro-intestinal affections, failed to detect any free HCL in the gastric juice in as many as thirty-nine, of whom only six were suffering from malignant disease of the stomach. In twelve of the thirty-three non-cancerous cases, the secretion had either a neutral or an alkaline reaction, and did not contain peptones, while in the remaining twenty-one the reaction was acid and the juice

showed the presence of peptones. Most frequently the absence of HCL was observed in young people of from twenty to thirty. The author concludes that (1) the absence of free HCL in the gastric juice cannot possibly be regarded as a pathognomic symptom of cancer of the stomach. (2) Its diagnostic value is limited solely to affording an additional evidence in favor of the disease suspected on some other grounds. (3) The absence of free HCL appears to promote the development of gastric cancer.

Sugar and the Teeth.—The common experience of decay in teeth, from eating too much candy, is explained by a professor of physiology, on the ground that sugar prevents the proper assimilation of the lime salts, and thus interferes with the nutrition of the teeth and other bony tissues.

How Long Is Syphilis Contagious?—In a paper upon this question, published in the *Jour. Am. Med. Asso.*, July 21, 1894. Dr J. D. Thomas maintains that "syphilis being purely an inoculable disease, when the zymotic period has exhausted itself the patient is no longer capable of conveying or transmitting the disease.

"All zymotic diseases have a pretty uniform history of invasion, period of acme and period of decline. Syphilis is not an exception to this rule. Let us take, for instance, diphtheria. Six months after the disappearance of the active stage the patient may be suffering with paralysis. The paralysis is not diphtheria; the condition is not a contagious one; it is a sequel. No one has the temerity to assert that a person who has had scarlatina or smallpox continues to carry about, for months, in his system, the germs of these diseases, although the one disease may cause, for an unlimited time, a suppurative otitis and the other a necrosed maxilla. Why should not the same reasoning hold good with regard to syphilis? Why should such a large number of the profession still hold to the idea that the sequelar lesions of syphilis are contagious? But recently I heard a gentleman make the statement to a medical society that he had treated a patient for syphilis ten years before the patient's marriage, and that after the marriage the patient infected his young wife. To me the statement was absurd. I did not deny the contagion, but did the source. The belief by some that the contagious character of syphilis persists for decades is an error due to faulty observation or to a lack of observation. Without entering any further into polemics, I make the assertion, in language more forcible than elegant, that patients may be rotten with the sequelar lesions of syphilis and at the same time indulge in intercourse and procreate offspring without conveying the disease to the one or transmitting it to the other."

In corroboration of this opinion, five carefully observed cases from the author's notebook were presented—two bearing upon the heredity feature of syphilis, and two others which proved the clinical fact that they were infected, not by the husband, but by fresher syphilitics. The conclusion arrived at was, "that syphilis can only be conveyed during the primary and secondary stages, and that the secondary stage ends not later than the third or fourth year from date of infection. . . . The chaotic views held by many of the profession in regard to the contagious period of syphilis are due to the acceptance upon their part of the word of the patient. We should not, and cannot afford to base scientific axioms upon statements made by members of the laity. These statements are often studied deceptions; at other times they are honestly given, but from ignorant premises."

The Endoscope in Urethral Stricture.—Dr. McMunn, in a recent article in the *British Medical Journal*, calls attention to the value of the endoscopic tube as a means of aiding the introduction of the filiform bougie in extreme cases of urethral stricture. Passing the tube down through the stricture, the aperture of the stricture is widened out by the stretching of the canal over the end of the tube, or brought into view by the change in the direction of the canal, so that the filiform instrument may be easily introduced.

Consumption at Different Ages.—The common impression, based on the statements of many of the older textbooks, is that phthisis is especially a disease of early adult life. The statistics of death in Great Britain, probably the most complete and extensive anywhere attainable, however, indicate that this is not correct. The largest number of deaths, according to these statistics, occur in the decade from thirty-five to forty-five years of age, and not until about sixty years of age do the number of deaths from this cause, as compared with the number of persons living, fall below the average for the period from twenty to twenty-five. It is to be remembered, however, that the disease usually requires several years to run its course, so that infection probably occurs, on the average, nearly five years earlier than death.

Erasing Rubber as a Pleximeter.—Prof. Ewald states (*Wein. Med. Presse*, No. 21, 1894) that the best material for a pleximeter is that which emits of itself the least sound. Hence, metallic pleximeters are not as suitable as those of ivory, horn or hard rubber, though the best is the percussion of finger on finger. Yet those who percuss much are often unable to employ this method for various reasons. For years he has employed as a pleximeter a piece of ordinary rubber, such as is used in erasing. The piece is about five centimeters long, four in breadth, and five millimeters in thickness, such as is to be obtained in any stationer's store. As the percussion hammers are tipped with rubber, thus rubber strikes on rubber, and the peculiar sound of the instrument is eliminated. On account of its flexibility it is easily fitted to any irregularity of the thorax, and thus does away with the intervening layer of air, which renders it difficult for beginners to employ the ordinary hard and stiff pleximeter. It is of especial value in percussion of the supraclavicular fossæ and of the clavicle, which latter is not frequently enough practised, as it will reveal to one finer deviations in resistance in the upper portions of the chest. Here the pleximeter is bent around the clavicle like a ring. Another advantage is that it is easily obtained under most circumstances, in case one has forgotten one's own pleximeter. The only condition where it will leave one in the lurch is in determining the metallic sound of cavities in pneumothorax, etc., where percussion with the fingers also fails. Here any large-sized piece of money will be sufficient.

The Bicycle an Etiological Factor in Lesions of the Perineal Region.—Theodore Rousing (in *Hosp. Tidende*, February 7, 1894) enumerates the various lesions in the perineal region observed by De Pezzer (*Ann des Mal. des Org. Gen.-Urin*, January, 1894), caused directly by bicycle riding, and especially by the pressure of the saddle upon the perineum. Pressure of the saddle may cause affections of the skin, the anus, muscles, nerves and veins in both sexes; of the vulva in the woman, but more especially of the urethra in the male. Unfavorable conditions for bicycle riding are poorly developed muscles, absence of fat, and great distance between the tuberosities, because in such subjects the sharply formed front part of the saddle wedges the soft parts in between the sides of the saddle and the tuber ischii.

The following lesions were observed. (1) Superficial—Hardness and rigidity of labia majora, with gnawing, pricking pains, frequent urination, with redness, swelling, irritation and serous exudation from the vulva. (2) Venous.—Rupture of varicose veins and severe hemorrhage from rubbing of saddle. External hemorrhoids. Prolonged erections from pressure on veins, preventing return flow of blood. Retention of urine, with tenderness in the perineal regions and prostate gland. (3) Nerves.—Pressure on the nerves have produced prolonged anæsthesia in the perineal region and of the sexual organs. (4) Urethral.—Numerous cases of gonorrhœal urethritis long subsided have returned with all their virulence after a bicycle ride. Peri-urethral abscess and urethral fistula, necessitating urethrotomy, have been caused by bicycle riding. Three cases of rupture of the urethra have been observed, two by jumping upon and one by the breaking down of the saddle.

THE NEW BLOOMINGDALE.

The new building of the Bloomingdale Asylum, at White Plains, recently opened, is of the class called pavilion hospitals, being a collection of thirteen buildings connected by corridors, which afford convenient and protected access to all parts of wards from every other ward.

The general— or medical—officers are so situated as not to be far from any of the group of buildings. The kitchen, laundry, etc., are also convenient.

Another feature is that all the buildings are a sufficient distance from each other to allow free access to all parts of light and air, so that there is scarcely a dark corner in the group. The sections are also so planned that the patients, in being transferred from one section to another, will get as much change of view as possible to break the monotony of their daily routine.

These buildings will comfortably accommodate over 400 patients, officers and attendants. The pavilions for the patients are divided as follows:

In the front projection of the first pavilion, on each side of the center, are, on the first floor, the offices for the physicians and supervisors, connected with male and female departments, and reception rooms for friends and patients. Accommodations are provided on the second story for the physicians connected with the departments, and the third floor is devoted to bedrooms, which can be used, as occasion may require, for special patients or others.

The ward proper contains a corridor, broken at right angles near the center, on each side of which rooms are arranged. Where the corridor approaches the end of the building, there are bright and cheerful places for small groups of patients to sit and read or work. At the angle where the corridor turns there is a sitting room with a protected bay window.

There is a large dining room and pantry in the central part of the hall. These are the real centers of the life, where patients and attendants gather. The bedrooms above vary in size, and numbers of them have connecting doors, so that they can be used separately or together, as may be desirable.

Any ward may be temporarily divided into two parts, so that a noisy patient may be easily removed without occasioning excitement among the others. Each ward has two distinct water sections. In the projecting front of this section are rooms which can be used for various purposes, not the least important of which is the isolated and individual treatment of special cases.

An administration building is not yet completed. It will contain reception rooms, committee rooms, the Superintendent's room, and other offices; the library, laboratory and amusement hall on the first floor. The second and third floors will be for the accommodation of those employed about the buildings.

The chapel building is suitably arranged for the uses of the asylum. On the second floor is a large assembly room for the Sunday services and weekly entertainments for the patients, who can reach it from their halls by inclosed connecting corridors.

The kitchen building, which is in the rear of the chapel, is one story in height, lighted through the roof, and containing sub-divisions for kitchen, bakery, flour and bread storerooms, and a general storeroom. There is a large coal vault just behind the kitchen, and its floors are on a level with those of the engine and boiler rooms, under the shop building. The laundry building is one story in height.

The arrangement of rooms and corridors in the large dormitory is excellent. There are rooms to accommodate special patients, and in cases of acute and dangerous sickness, for their friends temporarily. There are large and small bedrooms for ordinary patients, comfortable day quarters, a sun parlor, and a large dining room.

The farm upon which the hospital is built contains about 300 acres, and commands a fine view in all directions.

In true angina pectoris, Prof. Hare says, the heart feels as if it were contracted, while in pseudo angina pectoris the heart gives a sensation to the patient as if it were in an expanded condition, too large for the cavity in which it is contained.

THE PHYSICIAN'S REMUNERATION AS SEEN BY A LAWYER.

The question of the physician's actual and deserved remuneration has been a subject of general discussion this year, both in the journals of this country, medical and popular, and in several English medical papers. The latest contribution to the subject is in the *New York Law Journal*. The writer, viewing the subject from a lawyer's standpoint, takes exception to a recent enthusiastic and liberal estimate of a physician's proper fee, on the very ground of its contention that it involves a system of banditti's ransom rather than a conscientious service to mankind for a just compensation.

He lays down the principle, which certainly seems the proper one, that "In dealing with rich patients and clients, physicians and surgeons, and lawyers acting in cases not involving specific property, should make out their bills not commensurately with the wealth of their employer, but simply on the basis that he is rich enough to pay whatever is right. The charges should be fixed according to the practitioner's standing and experience and the amount of labor involved, the customary rates of practitioners of equal standing in the same community for similar services being kept in view as a guide and a possible corrective. This general rule would not preclude the acceptance of smaller fees from poor people, but it would debar a practitioner from charging a man worth $1,000,000 more than one worth $100,000 for the same service. We believe it is essentially communistic and subversive of professional conscience and dignity to charge a rich man all that can be screwed out of him, in order to make up for what one thinks he ought to have received on account of professional acts of charity or mercy."

An outbreak of beri-beri—the first recorded which has occurred in Europe and attacked Europeans—is reported from the Richmond Lunatic Asylum, Dublin. Up to October 13th, a hundred and fifty of the lunatics had been laid up, and about seventeen deaths had already taken place. The asylum is extremely overcrowded.

Glycerine Injections as an Oxytocic.—Pelzer (*British Medical Journal*) read a communication on this subject at a recent meeting of the Cologne Obstetric Society. He had collected twenty-eight cases, including nineteen in his own experience. Glycerine was used eighteen times for induction of premature labor; in fifteen of these cases the pelvis was narrowed, in two there was Bright's disease, and in one placenta previa. To stimulate uterine action at term glycerine was injected in seven cases of simple atony, in two of placenta previa, and in one for some other complication. The pains came on after an average interval of two hours following the injection. Eight to ten hours elapsed before complete dilatation of the os, or a longer space of time in cases of contracted pelvis. Two of the mothers died, both from severe eclampsia; the fœtus was putrid in both cases. One child required craniotomy on account of its great size. Three children died from placenta previa and strangulation by the funis. One, hardly thirty-two weeks old, died a quarter of an hour after birth. Only in one case could the violence of the pains be a possible cause of the death of the child. The glycerine had done its duty. Pelzer, however, deprecates injudicious zeal about this method; thirty to fifty cubic centimeters, not 100 cubic centimeters, are sufficient for injection. The method is not suitable for cases of eclampsia and placenta previa, except the lateral variety, where the placenta can be avoided. Geuer (*ibid*) read notes of three cases of induction of premature labor by injection of glycerine, in all of which both mother and child were saved. The first two mothers were over thirty-two, with contracted pelvis; craniotomy had been performed in previous labors. The third case was an instance of bad eclampsia; forty grammes of glycerine were injected, the os being at the time uncontracted; there was œdema, with much albuminaria. Forty hours later, a healthy living child was born.

MISCELLANY.

—Prof. Keen says gall stones occur three times as often in women as in men.

—Aqua calcis, a wineglassful three times a day, will cure chronic furunculosis.

—Oliver Wendell Holmes claimed to have originated the term anæsthetic.

—Green tea or coffee, or better still, tannin, is antidotal to tartar emetic, rendering it inert.

—Herbert Snow maintains that opium not only relieves pain, but undoubtedly retards the course of cancer.

—The burning heat and itching of erysipelas are promptly relieved by warm water constantly applied to the surface.

The Board of Estimate of this city have appropriated $30,000, for a plant for the manufacture of the diphtheretic anti-toxine.

—In Toronto, children suffering from phthisis are forbidden attending public schools on the ground they have a contagious disease.

—A statue to Sydenham was unveiled by the Marquis of Salisbury, at the recent meeting of the British Association for the Advancement of Science.

—If during the administration of chloroform the pupils suddenly become dilated, Prof. Hare says, there is great danger of sudden death taking place.

—Malignant tumors of the breast, Prof. Keen says seldom appear before the age of thirty-five, excepting sarcoma, which may appear at any age.

—Any case of epilepsy developing suddenly in a patient who has passed thirty-five years of age, and who gives no history of injury, Prof. Hare says, is almost invariably caused by syphilis.

—Dr. Kohn, of Vienna, has proposed that the children of the public schools be made to inhale permanganate of potassium in the form of a spray, as a means of preventing the propagation of diphtheria.

—Prof. Parvin thinks that a woman who, after delivery, has a pulse above 100 per minute, is in danger of having a uterine hemorrhage, and the obstetrician should not leave her until the pulse has decreased in number.

—It is said that the Prussian Government spends over $50,000 a year, exclusive of the salaries paid to the professors, in support of the laboratories connected with the medical department of the University of Berlin.

—In cases of ecchymosis of the eyelid, or black eye, Prof. Hare says, in order to prevent much discoloration or exudation, a curd may be applied, made by adding some alum to the white of an egg or milk until a curd is formed.

—Professor Pettenkofer has resigned his position in the Uuiversity of Munich. It is reported this step has been taken because of his opposition to the carrying out of sanitary measures based on the observations and views of Koch.

—The wife of Mr. Rosenberger, of Kittaning, Pa., presented him with five children at one birth recently. Says the *Medical Record*, "The birthplace of the children, though curiously spelled, has a significant association with the event."

—The Woman's Hospital in this city (Park Avenue and 49th Street), founded by Dr. Marion Sims, has purchased the block between Ninety-second and Ninety-third Streets, Central Park West, for $331,000, for the purpose of erecting a new hospital.

—Carini (*Internat. Klin. Bundichau*) advances the opinion that hiccough in the newborn is a symptom of hereditary syphilis, in which case it is almost always present. He regards it as one of the earliest signs of the disease, coming on frequently before coryza and within a few hours after birth. Specific treatment has a marked effect upon the hiccough.

—In injury to the head, Prof. Keen says, a valuable means of differential diagnosis is, that if a linear fracture has occurred, the blood which marks a fissured fracture cannot be washed away, while blood which has coagulated in an unbroken suture can be.

—The laborious nature of a busy practice is illustrated by the story of a Swiss doctor, who is said to have counted his footsteps during the year by means of a pedometer. The total is a large one, namely, 9,760,900, or an average of 26,740 daily. Of this number, 600,000 to 700,000, or from 1,500 to 2,000 daily, are said to have been taken up by staircases.

—Dr. H. D. Hinckley states (*Lancet-Clinic*) that the lines of battle in the British Gynæcological Society have greatly shifted. The question used to be as to the removal of sound uterine appendages for neurotic reasons, and now the question is whether the appendages shall be removed at all.

—No, President and Editor Fisher, "Hahnemann's full name" was *not* "Frederick Gottfried Samuel Hahnemann." He was baptized *Christian Friedrich Samuel*—and don't you forget it, in case you should undertake to furnish the inscription for that monument, which "must and will be built."

—The *Lancet-Clinic* reports that Dr. William H. Park, a medical missionary and surgeon in charge of the Methodist Hospital at Foo Chow, China, has been given the rank of mandarin. The honor was bestowed on account of Dr. Park having successfully treated a Chinese general for his wounds.

—A little girl in one of the Ohio towns, says a current news item, can speak to every one else but her father. Investigation discloses the fact that during the pregnancy the mother got angry at the "old man" and refused to speak to him for four months. Hence the inability of the little girl to speak to him. [Subscribed and sworn to, etc.]

—The disposition to seize every opportunity to dose the children was beautifully illustrated by a physician's experience not long ago. He was hastily called to see a youngster of three years, who had fallen out of a window about four feet to the brick pavement below, landing on his head. When he reached the scene, the mother, with pardonable pride in her presence of mind and domestic resources, exclaimed: "Oh, doctor, I knew that something ought to be done at once, so I gave him two teaspoonfuls of castor oil."

—There was recently shown at the coaching exhibition of England, held at the Royal Aquarium, a new carriage for medical men, which consisted of the regulation foundation of wheels, under carriage, driving seat, etc., and various movable bodies, enabling the owner to keep an open and various closed vehicles, in one. The change is easily made from brougham to Victoria, or *vice versa*, and can be made in the coach house. The carriage, in either form, cannot be distinguished from the private brougham or Victoria. —*Abridged by G. L. F., from Med. Century.*

—In a recent number of the *Lyon Medical*, there is a summary of an account given in the *Mouvement Medical*, of a case in which a chicken was suffocating, as the result of too great haste in attempting to swallow a piece of bread. The cock, grave and majestic, stalked up, threw a side glance into the throat of the distressed chicken, then placed himself face to face with her and plunged his beak into her mouth, whence he withdrew a large piece of bread. The success of the operation was testified to by the operator and the patient crowing and cackling in concert.

—The effect of physiological knowledge on a woman's mind is not always to be calculated. The *Lancet* quotes the following letter, which was received by one of the examiners at a recent examination for a medical diploma, and was written by a feminine student of medicine:

SIR:—Don't you dare refuse me again in physiology, when you *know* I know *all about* physiology. I very likely know more than you do. I shall write to Mr. ——, if you do, about it. Very soon doctors will be drawn only from we *pure, noble-minded women*, and you *vile, drunken, filthy* men expelled forever.